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THE COOPERATION OF THE GENERAL PROFESSION WITH THE OPHTHALMOLOGIST IN THE TREATMENT OF SQUINT*

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I bring this manuscript before you, not so much as a scientific paper, but more as a plea for a muchly neglected class of children, and a call for a closer cooperation between the general profession and the ophthalmologist in the treatment of squint, with a hope that the profession as a whole may be sufficiently interested in the future as to advise the parents and guardians of such children of the importance of placing them under the care of the ophthalmologist without delay, once the defect is discovered. Much can be done for these children if treatment is instituted while the child is young, or whenever the defect manifests itself.

The nurseryman can take the plant when young and tender, and no matter how bent and crumpled it may be, by constant and proper attention, he can mold and grow it into a shapely tree, whereas if left alone it would grow into a crooked and unsightly scrub. The orthopedist can take the young child with congenital deformities, such as dislocated hip, club foot, and numerous other bone deformities; with deformities from disease, as flaccid and paralyzed muscles, tubercular spines and joints, and with his splendid skill in the use and application of orthopedic appliances, such as braces, plaster casts and jackets, along with skillful surgical procedures, he can develop that child into an almost perfect man or woman, whereas without the orthopedist's guiding hand it would have been a human wreck.

And so it is with squint. If taken while young, and painstaking and careful treatment by the ophthalmologist is carried out over a period of years, these defective children will also receive their share of benefit, and will ever be grateful to our profession for the good received at our hands.

*Read before the 53rd Annual Meeting of the Florida Medical Association, Gainesville, May, 1926.

Now, in order that such children may have attention at the proper time, the general profession must help to educate the people up to the point where they will know what should be done wherever such children are found. It is unfortunate that up to the present time, when medical science has made such wonderful progress, that so many children with all degrees of squint should be allowed to go along for years, in many instances all through childhood and youth, with absolutely no attention given them. And much of this neglect can be laid at the door of the doctor, and rightly so, because he fails to advise the parents, or if he does advise them, it is in such half-hearted and negative a manner that the parent is left in doubt as to what really should be done. How often do we hear the expression from the child, "Mother thought I would outgrow it," or from the mother, "The doctor said wait till he started to school and maybe he would get all right when he began to use his eyes more." Such expressions should not be heard, and would not be heard, if the doctor would give the proper advice wherever such cases come before him. Treatment is what these children need and not a false hope that they may be miraculously healed, for they do not get well without treatment, and should not be led to expect such.

The general causes of squint are as follows:

1. Amblyopia, a dimness of vision or lack of visual acuity unaccompanied with fundus lesions, generally speaking.
2. Ametropia.—Deviation from the normal refractive condition of the eye. This includes, (a) Hyperopia or farsightedness, (b) Myopia or nearsightedness, and (c) Astigmatism, in which condition the rays of light entering the eye do not focus at a common point.
3. Imbalance of the external ocular muscles.
4. Paralysis of one or more of the external ocular muscles.

We have just said that amblyopia is one cause of squint. While this is true, squint on the other hand may cause amblyopia. The squinting eye, from lack of use, fails to develop its visual powers, and thus becomes amblyopic, just as other organs fail to develop their proper functions from lack of use. With muscle imbalance the

eye naturally deviates to the side of the stronger muscle, while with muscle paralysis the eye deviates away from the paralyzed muscle.

Treatment.—I shall not go into the details and technic of treatment, but shall content myself with mentioning the general heads under which treatment comes.

1. Correction of refractive errors. This is by far the most important treatment of squint, especially when proper glasses are worn early enough, cures being estimated at from 30 to 70 per cent under proper refraction.

2. Forcing or causing the child to use the squinting eye and thus develop the weak muscle. This is done in different ways, as by placing a blind or pad on the fixing eye, or by the use of atropine in the fixing eye so the child can not see near objects with that eye, thus causing it to use the squinting eye. This brings into use and thus develops the weak muscle.

3. Operative measures, as (a) muscle tucking, (b) muscle advancement, and (c) tenotomy. These operations may be single or combined, may be on one eye or both eyes, and may be done at one sitting or at several sittings.

Treatment naturally begins with correction of refractive errors, and of a necessity continues over many years, because these patients usually have to wear glasses a lifetime. Very correct refraction can be done on quite young children by retinoscopy when the accommodative apparatus is thoroughly paralyzed with atropine. Children from eighteen months to two years of age, with extremes of ametropia properly corrected, have worn glasses faithfully simply because they could see much better with the glasses than without them. No operative measures should be undertaken until correct glasses have been thoroughly tried and found not to correct the squint.

While treatment of refractive errors, and correction of muscle defects in squint, requires years of careful and painstaking work, and cures are not one hundred per cent, even in the best hands, these are not sufficient reasons why so many of these defective children should go without attention, in many instances till the child realizes its own needs and insists on its parents having something done, and in others until the child has reached its majority and seeks relief on its own accord, when the damage has been done and best results can not be attained.

Squint is a self-advertising defect that can not be hidden or camouflaged, and is a source of no little embarrassment and humiliation to the person so afflicted. And I doubt not that many of us feel a degree of sympathy, and possibly a touch of embarrassment for these unfortunate individuals, especially the adults, when we come face to face with them.

Now, how is the laity to know what should be done for these squinting eyes, and how are the parents and guardians of these children to know what should be done and when it should be done? They can know only through the advice and instruction of the medical profession—direct, definite, positive instruction. And to the ophthalmologist, when these cases do come to you for treatment, you should be ready and willing to begin and continue treatment skillfully, painstakingly and patiently.

DISCUSSION

Dr. Shaler Richardson, Jacksonville:

Gentlemen: I think we are indebted to Dr. Johnston for bringing this important subject before us. Too frequently, parents of children afflicted with squint are advised by the pediatrician or general practitioner to defer consulting an oculist until the child is more mature. Here is the great danger, for the vision of the squinting eye will surely deteriorate. Worth tells us that the faculty of vision is completely developed by the sixth year of life. Therefore, if these little patients are not properly cared for before this age, monocular vision is most certain to ensue.

I believe eighty per cent of squinting children can be relieved of this defect if treatment by careful refraction and exercise is begun early. By early, I mean as soon as the squint is detected. Many children wear glasses as early as at two years of age. Dr. Johnston has mentioned the operation of choice—that of resection of the muscle as done by Dr. Robert G. Reese of New York. This combined with tenotomy is the operation of election in my work.

The responsibility of getting these cases into the hands of the oculist rests usually with the pediatrician and the general practitioner. If they fail to advise the parents properly, the child will most likely have a deterioration of vision in the deviating eye and most certainly a monocular vision.

CONCLUSION.

Dr. Hewitt Johnston, Orlando:

The object of this paper was the hope that the profession as a whole might, when they see these children, at any place, not leave them without care, but direct them to the proper place for treatment.

TIC DOLOUREUX*

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Jacksonville.

A Viennese anatomist, Raymond Balthasar Hirsch (1765) was the first who recognized the ganglonic nature of the swelling of the sensory root of the fifth nerve, and called it, in honor of his otherwise unknown teacher, Jon Laurentius Gasser, the "Ganglion Gasseri." "Gray's Anatomy," p. 797.

The disease with which the ganglion and its branches are affected, was first described by Dr. J. Fothergill, an English doctor, in 1776. From the time of Hippocrates up to the latter part of the eighteenth century the disease had been confused with several types of involuntary laughter. Byrnes in Vol. X, "Tices Practice," gives many interesting historical facts about the disease.

The trifacial nerve known as the trigeminal or fifth nerve is the largest of the cranial nerves. It has many of the features of a spinal nerve in that it arises by two roots, has a ganglion on its posterior root and has the plural function of a spinal nerve. The trifacial nerve is important because it innervates the muscles of mastication, but is chiefly a sensory nerve. The point of origin is within the pons. The motor and sensory nuclei are situated side by side in the lateral aspect of the tegmentum of the pons, about midway between the cerebral and spinal ends of the pons. The sensory and motor bundles of this nerve are closely associated within the pons. The motor portion of the nerve receives fibres from a group of large cells situated laterally to the aqueduct of Sylvius and of the same side. The sensory fibres arise in the Gasserian ganglion and after entering the pons terminate only partially in the sensory neucleus, the larger number of them bending downward at the level of the sensory neucleus to form the descending or spiral root which may be traced so far as the second cervical segment of the spinal cord. In the cord it occupies a position back of the posterior horn. This descending spinal root of the trifacial may give trigeminal symptoms in lesions below the medulla oblongata, as in syringomelia. One may easily differentiate the small motor root from the fan-like sensory root at point of emergence from the pons. The motor root exterior to pons remains distinct until it becomes united with the third division of the trigeminal peripheral to the Gasserian ganglion. Posey and Spiller, "The Eye and Nervous System," set forth these facts.

It is vitally essential for one to have a clear anatomical understanding of the intracranial aspects of the fifth nerve in order to better comprehend the mechanics of paralysis of the facial motor branches of the nerve and involvement of the seventh nerve proper. It is possible according to Adson to traumatize the pons while avulsing the posterior root in a manner to interfere with the function of the neucleus of the seventh nerve. One must remember that there is a small branch of the fifth nerve which enters the petrous portion of the temporal bone on its anterior surface and joins the seventh nerve. In surgical approach of the ganglion it is possible to pull this branch out and the accident may give rise to hemorrhage in the facial nerve with resulting true Bell's palsy.

The extracranial main branches are three in number, the ophthalmic, superior maxillary and inferior maxillary.

Connected with the three divisions are four small ganglia; with the first the ophthalmic ganglion; with the second the sphenopalatine or Meckel's ganglion, and with the third the otic and submaxillary ganglions. The third branch only has a dual function, for extracranially it is joined by the motor branch.

It has been a time-honored method to teach that the anterior two-thirds of the tongue receive taste fibers from the trifacial. A better anatomical understanding has demonstrated that the taste fibers for the anterior two-thirds of the tongue arise from branches of the seventh or facial nerve, specifically the corda-tympani.

The sense of smell is influenced by the upper branch. The salivary and lacrymal secretions are affected by the fifth nerve. Disease of the nerve with consequent trophic disturbance may cause loss of an eye, infection of the mouth and

*Read before the Staff meeting of the Duval County Hospital, Jacksonville, December, 1926.

injury to the teeth. The fifth nerve presides over the mucus membranes of the mouth, eyes and nose. It is the great nerve of touch to the face.

Tic doloureux is a term that should be used with the idea of expressing not a painful spasm of the muscles of the face supplied by the seventh nerve. The facial spasm is a defense reaction following pain in the trigeminal nerve proper. The muscles of mastication are affected basically, of course, thus giving rise, possibly, to the "smacking" of the lips so frequently observed. Trigeminal neuralgia is a better term to use.

The pain of trigeminal neuralgia is different from any other pain affecting the body. No other nerve of the body contributes pain of similar character under any circumstances. The reason for this peculiarity of the trigeminal nerve is unknown. It affects the healthiest individuals, and seemingly without reason. Though various explanations for its origin have been suggested, none are satisfying. There is no evidence that infections of the teeth or paranasal sinuses have any bearing on its causation. There is no evident gross abnormality either of the nerve or its ganglion; nor have microscopic pathological changes been accepted as proved. Remissions in the pain may last for months, or occasionally years, but a spontaneous cure practically never occurs.

The pain is undoubtedly the most severe to which the body has fallen heir. It is essentially of the same intensity as the lancinating pain of tabes, but the pain of tic doloreux lasts longer. The characteristic pain begins suddenly, with full force, lasts from a few seconds to a few minutes (occasionally even half an hour or longer) and departs as suddenly as it came. In the interval, between paroxysms, the patient is free of pain.

One, two or three branches may be involved. The mandibular branch is at least twice as much involved as both other branches combined. The pain always begins in the same spot and repeats its form. It always remains in the domain of the trifacial nerve. One cannot over-emphasize the point that whenever a patient insists that the pains are behind the ear, down the neck, or below the jaw that the condition is not one of trifacial neuralgia.

The disease occurs equally in the two sexes and usually in middle life or after. Occasionally it may occur in the very young. Patrick of Chicago has a case in a child seven years of age. Barkley in the British Journal of Surgery, October 1921, reported a case in an eleven-year-old boy. Heredity seems to be of no importance, but more than one case has occurred in the same family.

Horsley thought that dental infection might be a cause by virtue of an ascending neuritis. This theory has to be discredited on account of the fact that there is no anesthesia or motor disturbance in the distribution of the affected branches as would be the situation in a case of true neuritis.

The manner of induction of the pain is one of its most characteristic features. Peripheral stimulation, such as brushing the teeth, touching the face, even drinking, talking, heat or cold, instantly produces an attack. At times the same individual varies in the susceptibility to these attacks. On the whole the attacks are worse in winter than summer. Lying on a pillow at night seems to provoke attacks, thus emphasizing the futility of applying heat to relieve pain and leaving unexplained why the cold of winter apparently intensifies the suffering.

It has been said that the patient's manner of indicating the location of pain is important, in that he will cautiously indicate the seat of pain by approach with his whole hand instead of one indicating finger. One must remember the psychoneurotic who has a fixed facial pain, not answering the diagnostic requirements of trigeminal neuralgia, has a functional pain, viz., topalgia.

The diagnosis of tic doloureux is rarely a matter of difficulty. There are many face pains which one is called upon to differentiate from trigeminal neuralgia. All lack the periodicity, the sudden onset or cessation and the method of induction by external stimuli. Most if not all other face pains must be regarded as functional. The reason for this rather broad assumption aside from the mental background of the patient is that it is impossible to conceive of any pain of organic origin lasting so long, and remaining unaffected even after sensation of the affected area has been destroyed. While efforts have been made to attribute this pain to an involvement of the sphenopalatine ganglion there is little to support this hypothesis.

It happens occasionally that a patient who has been operated upon for trifacial neuralgia will, in spite of the widespread anesthesia over the

areas supplied by the trifacial, insist on the presence of severe pain. This unfortunate situation occurs among patients who have been carefully studied and who have been operated by the foremost neurological surgeons of the country. It cannot be assumed that erroneous diagnoses were made. The patients must be viewed in the light of having suffered such tremendous mental trauma that an hysterical superstructure has grown upon a true conditon of pain, leaving in the sensorium a painful expression which by careful mental training may be relieved. In the South particularly one must bear in mind that a browache may be an expression of malaria. A malarial browache may show a periodicity similar to trifacial neuralgia. One must also bear in mind that intraocular tension from glaucoma causes terrible pain, probably through mechanical stretching of the cornea, and is accompanied by anesthesia. Photophobia is a symptom not inconsistent with glaucoma and is frequently present in trigeminal neuralgia. The matter of diagnosis of these pains hinges upon a most carefully developed case history and examination, and even though the condition may appear to be definitely characteristic, one should call upon the ophthalmologist, the otolaryngologist, the roentgenologist, the internist and the clinical pathologist in eliminating those conditons which may cause confusion. It may be well to bear in mind that light touch, even a wisp of cotton, will precipitate an attack of trigeminal neuralgia. Deep pressure quickly and firmly applied is better tolerated than light touch. Deep pressure in a case of true neuritis would cause pain, light touch would not cause pain.

Sluder has described a type of neuralgia which may give rise to considerable confusion in regard to its true nature. According to Sluder's description of this "lower half headache" there is pain about the eye, upper jaw and teeth, extending to the zygoma and temple, with earache and pain in the mastoid. The neuralgic pain extends to the occiput, shoulders, neck, arm, forearm, hand and fingers. There is added the description of a sympathetic syndrone of sneezing, rhinorrhea, lacrimation and photophobia. There is said to be impairment of sense of taste and vertigo. Sluder attributes the disease to an affection of the sphenoid cells or the sphenopalatine ganglion. He cocanizes the ganglion and if relief is obtained he then injects the ganglion with alcohol.

TREATMENT.

Medicines are without effect, except as they proportionately deaden the body sensorium, such as alcohol and morphia. Eminent neurologists, for instance Dana, has insisted that massive doses of strychnia afford relief. The treatment outlined calls for two weeks in bed with progressive increase to a point of massive dosage.

The degree called for is dangerous and unwarranted. Temporary relief may be obtained by peripheral sectioning of the offending branch, but with regeneration of the nerve in a few months the pain returns in its original form. Injection of the nerve with alcohol or osmic acid has a precisely similar temporary effect. At times, however, the relief may be extended to one or occasionally even two years or more if the alcohol passes up the nerve into the Gasserian ganglion. Injection of the ganglion itself, while simple enough to perform, is extremely dangerous because the ganglion has no sheath, except the dura and the alcohol passes freely into the cerebrospinal fluid and thence attacks the unprotected brain. There are few more terrifying experiences than enduring helplessly the train of symptoms following an alcohol injection of the Gasserian ganglion.

Alcohol may be injected into separate branches. The effect will be of diagnostic importance and will enable the patient to realize the significance of the permanent anæsthesia that follows operation.

The victim of trigeminal neuralgia while willing to make almost any sacrifice, even to a point of self-destruction, to secure relief from pain, has had such terrible neuropsychiatric experiences that he may be inclined to react unfavorably to post-operative complications, particularly keratitis and anæsthesia. His attitude is at times one of amazement and wonder in placing his hand on his face and experiencing sensation as if his hand were touching a piece of wood, and with no conscious knowledge of the face being touched by one's hand. These patients in shaving themselves often express the idea that it is like shaving a piece of stone. A little preoperative education, therefore, is time and effort well spent in dealing with these patients.

Spiller of Philadelphia, America's great neurologist, first advocated in 1898 avulsion of the sensory root. Frazier later in 1901 advocated the operation. It may be mentioned that among many other notable achievements of Spiller is

the operation of cordotomy for control of pain. The operation of avulsion has been modified towards the practice of clean-cut section of the nerve in a manner to avoid traumatizing that portion of the ganglion from which the ophthalmic division arises. Post-operative keratitis seems, under this plan, to be less frequent. The temporal approach, in competent hands, may be made under local anæsthesia and is an operation practically free from mortality. The insensible cornea has to be guarded by appropriate ophthalmic protective measures. Occasionally sight has been lost, but patients who have endured trigeminal neuralgia seem to be willing to undergo this loss. Occasionally cases operated under general anæsthesia have been known to develop pneumonia with apparent peculiar susceptibility.

Dandy of Baltimore has devised a unique operation by dividing the sensory root as it emerges from the pons. With his exposure one may be assured of easy identification of the sensory root (a matter fraught with difficulty, at times with the temporal approach) and may avoid injury also to the small branch of the facial. Trauma to the ganglion at a point where the ophthalmic division arises can certainly be avoided by Dandy's method. Experimental work on dogs by Budge has showed that the pupils of the eye will contract when branches of the trigeminal nerve are divided peripheral to the ganglion; the contraction on the other hand is very slight when the nerve is divided proximal to the ganglion. Bernard found that the pupil contracted and later dilated after division of the trigeminal, but never attained the same size as the pupil on the other side. He found these phenomena to occur after both central and peripheral division of the nerve. Spiller claims that it is probable that sympathetic fibres pass to the eye after entering the trigeminal nerve through the Gasserian ganglion and as in the divided sensory root these fibers are not injured, the danger of ocular disturbance by division of this root is lessened. The trophic influence of the Gasserian ganglion on the eye may depend on the integrity of these sympathetic fibers. Doctor Dandy has observed that in a series of fifty cases operated by dividing the sensory root at its point of emergence from the pons not a single patient has developed keratitis or herpes ophthalmicus.

"Following complete extraction of the posterior root, the patient loses pain, temperature and touch perception, but this loss is not over the entire area supplied by the fifth nerve, especially over the area supplied by the third division, as there is considerable overlapping here by the cervical nerves and consequently the patient continues to feel normally over the middle of the cheek. Whereas pain, temperature and touch perception are lost, it must be emphasized that some sensation remains, namely, deep pressure sense, in the entire area supplied by the fifth nerve. This form of sensation is carried through the facial seventh which is of course not disturbed in the operation." (Radical Treatment of Trigeminal Neuralgia; Ernest Sachs, M.D., St. Louis.) One may, therefore, in the light of widest experience and most conservative advice, assume that there is only one way to cure tic doloureux, viz., by division of the sensory root of the nerve not peripheral to the ganglion but between the ganglion and the pons. There are few more satisfactory surgical results than this. Although an operation of magnitude, it is almost devoid of mortality in experienced hands. Suffering humanity owes a great debt of gratitude to an humble but great neurologist, Doctor Spiller, for having pointed out the way for relief.

I am indebted to Doctors Dandy of Baltimore, Coleman of Richmond, Dowman of Atlanta, and Sachs of St. Louis for their sincere interest in the author's investigation of the subject of tic doloureux. I have been given free access to their files and to unpublished articles.

Without clothing the group of prominent neurological surgeons mentioned in this article with any responsibility for the remarks therein set forth, it has been the effort of the author to correlate the opinions of these different gentlemen into an expression of broad agreement. In the main there is no disagreement in the minds of neurological surgeons as to the diagnosis and treatment of the terrible disease of trigeminal neuralgia.

It has been my pleasure to examine many patients who have been operated with complete success. I have had the privilege of examining a number of Doctor Dandy's cases, operated by the posterior approach and unlike a few previous cases operated by the temporal approach, these particular cases had no trophic disturbances. It is regrettable that time will not permit a more detailed discussion of the problem, but broad information rather than tiresome detail is after all usually more instructive.

INTRAPERITONEAL RUPTURE OF THE BLADDER—WITH REPORT OF CASE*

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Miami.

We have chosen for a subject, "Intraperitoneal Rupture of the Bladder," primarily because we have such a case to report, and secondly because through this case we have been able to observe various conditions, which by both proper management and mismanagement have enabled us to draw conclusions that we hope will not only be of interest, but invoke discussion.

Contrary to the opinion of most of us, we dare assume, intraperitoneal rupture of the bladder occurs more frequently than does the extraperitoneal type. All authorities agree on this, and one goes so far as to quote a definite occurrence percentage of 61/100. Also, we wish to stress the fact that this affection is more frequent than is suspected. Since the literature on this subject has never been flooded with reports of cases, as has that of other physical lesions, many of us are of the belief that this particular accident to the urinary bladder is rare. Very often the condition is overlooked entirely when effort to determine the cause of peritoneal shock is being made. It is not infrequent that an exploratory laporotomy is done to verify a diagnosis of perforated gastric ulcer, duodenal ulcer, rupture of the liver or spleen. An abdomen filled with bloody fluid presents itself, but the site of perforation or rupture is not found. The surgeon in closing that abdomen consoles himself in the thought that said area is so situated on the "under surface" of the organ that its exposure is impossible. We have seen such a case of diagnosed rupture of the liver come to autopsy. The occurrence of rupture of the bladder is ten times more frequent in males than in females; this being due to the predisposing and exciting causes of the accident which we shall mention later. The age incident is negligible. The greatest number of collected cases, however, are of those in middle life—20 to 40 years. As a matter of interest and to explain that infants are not immune we should like to recall Besley's case in a three-year-old, and King's case in a fœtus with imperforate urethra.

Those conditions which predispose to rupture of the bladder are distension, drunkenness, pathological lesions of the vesical wall and obstructions to the flow of urine. Distension is the greatest of our predisposing elements, since it causes the bladder to rise out of the pelvis and lay exposed to direct violence. It places the organ under tension so that force might rupture it at a weakened point. Young maintains that rupture of the bladder never occurs when that organ is empty. Drunkenness not only lays one liable to accident, but also produces an insensibility to distension so that over-distension is the result. Pathological lesions such as cystitis, ulcerations, atony, etc., weaken the bladder wall at the site of the lesion. Obstruction to the outflow of urine from prostatic hypertrophy, stone in the bladder, stricture of the urethra, etc., produce atony from back pressure, and also distension from accumulated residual. External violence, falls, straining at micturition, stool or parturition, intravesical instrumentation, injections of fluids or air into the organ are the principle conditions which excite rupture of the bladder. In every instance, however, one or more of the predisposing and exciting causes must coexist before rupture of the organ is possible.

The bladder is so situated in the pelvis that almost complete protection is afforded it from violence, except when, from distension, it rises into the suprapubic region. On the other hand, it is in a dangerous position when considering the influence of pelvic fracture on the occurrence of rupture of the organ. The posterior-superior wall is the most vulnerable part of the bladder due to the manner in which the interlacing thickness of the musculature tapers off in this region, and it is in this area that most intraperitoneal ruptures occur. The basin of the bladder is adequately protected by the pelvic floor surrounding it. However, the rupture might be at the sides or in the pubic area. The mechanics of rupture from external force has never been explained to the satisfaction of all. Some claim that it is due directly to the distended organ striking against the promentory of the sacrum. Others contend that the sacrum merely acts as a buffer producing counter-pressure to the exerted force from the abdominal side with the resultant upward displacement of the bladder content.

The symptoms and physical signs produced by intraperitoneal rupture of the bladder may present a clear-cut, unmistakable picture, or again they may be such as to offer a very difficult problem. Much depends, therefore, on the

*Read before the Dade County Medical Society, November 5, 1926.

time incident—how soon or how late the patient is seen after the accident has actually taken place. We shall not attempt a grouping of the symptoms as they might appear chronologically for there is a marked over-lapping of them. For example, vomiting might be almost spontaneous, or it might ensue only after a definite peritonitis has developed; or it might be entirely absent. The most prominent, however, are the urinary signs—sudden ineffectual desire to void, which might become an almost constant desire with the patient passing only a few bloody drops in each attempt. Marked tenesmus, later associated with rectal tenesmus, pain over the suprapubic region, fluid bulging in the cul-de-sac on rectal examination, a dullness or flatness on percussion over the vesical region, absence of urine on catheterization (except in case the catheter should pass through the bladder rent into the peritoneal cavity from whence large quantities of fluid might be obtained). The abdominal picture is one of acute peritonism, distension, epigastric or hypogastric pain and tenderness; fluid dullness on percussion, etc. There are the general symptoms, as subnormal temperature, or fever after lapse of time; fast thready pulse is the general rule, but the pulse might be very slow (such a type confused us in our case). The patient has a distinct hypocratic facies and makes no attempt to walk or even sit up.

Alexander, whose investigations, surgery of, and recorded data of intraperitoneal rupture of the bladder seems to antidate all others (except Besley), who have worked on this particular urologic problem since the latter part of the nineteenth century, expounded in his first complete treatise a doctrine which we should do well to follow: "If rupture of the bladder is suspected make a suprapubic incision and inspect the prevesical space for extraperitoneal rupture. If extraperitoneal rupture is not found, then open the belly and explore." Since his day no one has improved on this means of making an immediate and accurate diagnosis. A carefully taken history is of great value in diagnosing such a case. True, we are often handicapped in obtaining accurate information by the drunken state of the patient. Or if he is in great pain he gives little response to interrogation. If rational, allow the patient to tell his own story; it is valuable. Then through specific questions, keeping in mind the various predisposing and exciting causes of rupture of the bladder, as previously mentioned, gather the facts together. By the use of all the means of clinical investigation, observation, palpation, percussion and ascultation we should ascertain our symptoms and physical signs as they present themselves at the time of examination. Aside from abdominal, pelvic and perineal deviations from the normal we must consider the temperature, pulse and blood picture. Should doubt still exist after history and physical examination is completed, then resort to such mechanical aids as may be needed. Remember, that there is always great danger of carrying infection into the bladder and peritoneal cavity. Cabot insists that no effort be made to establish a diagnosis through means of intravesical injections. Others suggest catheterization to estimate amount and type of bladder content, injection of a given amount of fluid, and determine if the return equals it. Air vesiculargrams are advocated by those who maintain that should there be an opening in the bladder wall and air is injected into the bladder, the shadows will appear also in the peritoneal cavity.

Having made a diagnosis we are ready to resort to surgery, and it is here again that we meet with a difference of opinion. Alexander, Cabot and Chetwood say operate as soon as possible, while Binnie, Da Costa and Martin state that delay until the patient has reacted from the initial shock affords more favorable prognosis. Young has collected statistics on 278 cases in great detail, and it would appear to us that the mortality rate is lower in that group which came to operation after the first thirty-six hours. The manner of surgical approach is obviously the same, that is simple laparotomy and cystotomy, although some contend that cystotomy for purposes of drainage is not essential. Having opened the peritoneal cavity, and cleaned from it the fluid and blood clots, attention is next directed to the torn peritoneum and bladder. Care should be exercised to trim any ragged edges of vesical mucosa, so that they will not by projecting into the muscular wound prevent healing. The bladder sutures should go only through the muscular wall, never including the mucus membrane. The peritoneal rent can be closed with the vesical wall or separately. The bladder is opened, and clots removed. The question of drainage next confronts us. Some advise suprapubic drainage, but never for more than three or four days. Others omit it entirely. All agree on abdominal drains if a diffuse peritonitis exists. There are

some who drain even if there is no definite evidence of peritonitis, but the majority say close without drainage. The usual laparotomy and cystotomy closures are instituted.

Unfortunately the mortality in these cases is very high. Of Young's collection of 278 cases 50% died; of Da Costa's 15 cases up to 1910, ten died. Surely in no other field of surgery is the death percentage greater, and we feel that it has been due largely to lack of interest on the part of surgical investigators to the particular affection. It has been only in recent years that thorough laboratory investigation and experimentation of vesical ruptures has occupied our studies. Just as mortality rates in other surgical fields have dropped, so will they in this when more ideal operative and post-operative essentials are known.

At this juncture, we should like to report the case of intraperitoneal rupture of the bladder that came under our care recently while on service at the Jackson Memorial Hospital. J. A. W., age 42, white male, deaf and dumb, came into the hospital at 5 p. m., Sunday, September 12th, in a highly drunken state. When seen by us at 8 p. m. he had already been attended by members of the resident staff who informed us that the patient had been admitted as a case of acute retention. Attempt had been made to catheterize him, but this was unsuccessful until a 21F sound was first passed to dilate a urethral stricture, and bleeding resulted from this procedure. A 16F catheter had then been passed and only a few drops of blood obtained. We interpreted the anuria at that time as due to blockage of this small catheter by a blood clot coming from the instrumental hemorrhage of the urethra. The patient was most uncomfortable and appeared to be greatly shocked. In his effort to show us the area of pain he would move his hand over the entire abdomen and kidney region. His temperature was 97, pulse 52 and respiration 28. WBC 18000, Hbg. 90%, and his skin was pale. There was generalized abdominal distension and muscular rigidity. There was no fluid dullness in the flanks, but over the bladder region the fluid dullness reached a point midway between the symphysis and umbilicus and this we determined as the upper level of the bladder. Rectal examination revealed nothing in the cul-de-sac, but the patient continuously motioned to the rectum as if to inform us that he had a desire to defecate. He seemed pleased when he saw the orderly make preparations to give him an enema, and appeared more at ease after its administration. The resident physicians made a diagnosis of ruptured bladder at this time, but in view of the generalized abdominal pain, nausea, slow pulse and alcoholic breath, and lack of both definite bladder signs and symptoms of internal hemorrhage, we made a working diagnosis of acute gastritis, enteritis and nephritis, until the case could be seen again in consultation with the medical staff. General therapeutic measures were instituted with the hope of bringing the patient out of his profound shock. The next morning he had reacted. Temperature was 102.4, pulse 120, respiration 34. The patient was vomiting at intervals and as yet had not voided. We then came back to the thought of rupture of the bladder and our medical consultant and Doctor Holmes, who saw the case at our request, established that diagnosis. The patient was operated at 3 p. m. September 13th. The bladder was opened, clots removed and a large right-angle tube inserted. The peritoneal cavity was opened through a continuation of the suprapubic incision. About 2000 c.c. of fluid and clots were removed. The site of rupture was found on the left inferior surface of the fundus of the bladder, and the examining finger revealed no ragged edges of mucus membrane protruding through. In view of this condition of the wound and the patient's extreme weakness, it was decided that we close without making an attempt to repair the bladder wall, but rely on our suprapubic drain to keep the bladder empty and at rest so that healing would occur. Four large cigarette drains were placed in the peritoneal cavity, and the abdomen was closed in routine manner. The patient was placed in Fowler's position when returned to bed, and hypodermoclysis and proctoclysis given to provide fluids. The case was then treated as one of generalized peritonitis with orders that nothing be given by mouth for 48 hours, and that the patient be morphinized until the respiration descended to 12 or 14 excursions per minute. Hemoplastin two c.c. every three hours, and digifoline one ampule every three hours were given to aid in arrest of hemorrhage and bolster the myocardium, respectively.

Four hours after operation a blood transfusion of 500 c.c. citrated blood was given at the bedside. For the next five days the course of convalescence was a stormy one. The tempera-

ture ranged from 100 to 104; the pulse went as high as 145. Gastric dilatation and intestinal distension were combated with gastric lavage and asafetida enemas respectively. The urinary drainage into a bottle at the bed was becoming clearer each day. On September 19th there was a decided change; the temperature dropped from 103.8 of the previous day to 98.8, pulse 120 to 80 and respiration to 24. From this date recovery was rapid and uneventful. The last of the peritoneal drains were removed on September 24th and the following day the suprapubic drain was taken out and replaced by an indwelling catheter. The catheters were changed daily and the bladder was irrigated with boric solution. On October 2nd the catheter was left out and on that same day the patient began to void through the natural channel. The patient was up in a chair on October 10th, walking on the 12th and discharged from the hospital on October 26th. Just prior to leaving the hospital the patient wrote for us the following history of his case: "On boat ride, fishing and drinking Friday, September 10th; boat hit bank, I fell out, crawled back to boat and had pain in stomach. Grew worse during day and it was bad on Saturday. Continued to drink to relieve pain. Could not pass water Saturday and Sunday, and came to hospital on Sunday afternoon with fever, cramps and very sick."

To summarize: The authorities whom we have quoted believe in a very short period of vesical drainage or none at all. We continued drainage by the suprapubic and indwelling catheter methods for twenty days without getting an infection of the bladder, and we feel to the best interest of the case. We did not close the wound in the bladder, but relied on drainage to keep this organ sufficiently at rest to allow healing by first intention. Notwithstanding absence of local signs of a true peritonitis we provided ample peritoneal drainage, and the stormy course those first few days immediately following justified our procedure. The blood transfusion, as a stimulating measure, we believe, was an important factor in the recovery of the patient. We found no literature advising transfusion for stimulation in these cases. And lastly, through our own inability to make an early diagnosis, the patient was given time to react from shock before being operated, and we are now of the opinion that the delay was a factor in saving the life of this man.

In conclusion we wish to emphasize the difficulty experienced in handling a mute, who unfortunately was also intoxicated, and believe that we have seen an unusual case in that respect. Also, we should like to express our indebtedness to the resident physicians at the hospital who gave unselfishly of their time and energy, and made possible this patient's recovery; to the medical consultant and Doctor Holmes who established the diagnosis and assisted at operation, and to those authors, Da Costa, Young, Cabot, Chetwood, Martin and others whose splendid writings on the subject have furnished us with the major portion of the information that we have embodied into this paper.

SOME PRELIMINARY REMARKS ON THE CLIMATE OF SOUTHEASTERN FLORIDA AND ITS RELATION TO DISEASE

SCOTT R. EDWARDS, M.D.,
Miami Beach.

The southeastern coast of Florida has a distinct climatic advantage in the treatment of numerous conditions to which the human body is heir, but aside from the meterological data accumulated by the government over a period of a few years, there is very little scientific data bearing on this subject. While it is generally known throughout the country that the winter months here offer a highly favorable opportunity for an outdoor existence, the almost perfect conditions which exist during at least ten months of the year for the sufferers of a majority of types of chronic illnesses, have not been sufficiently recognized or established on a truly scientific basis. Since the government station is located on the mainland the data derived from it has only a relative value for the coastal strip under consideration, which is separated from the mainland by bays and sounds of variable widths.

There is no other place in the civilized world in which the natural therapy of physical forces has been so happily combined. For a short distance north and south of the 25th parallel the Atlantic coast line of Florida has a combination of conditions modifying climate which are absolutely ideal in providing man an environment which subjects him to a minimum of the natural stresses of life, and provides a maximum of those forces which are basic in the building up of persons who are sub-standard physically.

The Gulf Stream.—The Gulf Stream is one of the most important factors. Arising in the straits of Florida, in the westward equatorial current, it flows in a direction that averages true north as far as the parallel of 31°. Along the lower Florida Coast it closely approximates the shoreline, being nearer the coast there than on any other shore after it leaves the keys. Depending upon the wind direction it is one to three miles off the shore from the keys as far north as Palm Beach. In its progress from the tropics to the higher altitudes, the transit is so rapid that time is not given for more than a partial cooling of the water. Because of this fact it is found that the Gulf Stream is very much warmer than the neighboring waters of the seas through which it flows. Due to its very close proximity to the shoreline at this point, the thermostatic influence of the water produces an almost constant temperature, and contrary to most marine climates, there is very little diurnal contrast, and correspondingly little influence over the littoral breezes.

Atmosphere.—The average day of this part of Florida has a clear atmosphere. There are several unusual factors responsible for this condition. This region occupies a position on the edge of the North Atlantic high barometric pressure area, and shares with this area its great number of clear cloudless days. The marked lack of any manufacturing industries that tend to pollute the atmosphere is a distinct advantage. On the coastal strip, except at the time of an unusually hard blow, dust is unknown. The only ground pollution of the air must come from winds strong enough to produce a sand storm, but perhaps the greatest single factor responsible for the clear air is the direction of the prevailing winds. Coming as they do from some point east of north and south, the long passage of the air through the Atlantic Ocean gives ample time for the sedimentation of any suspended material. An interesting fact in this regard is to be found in comparing the average daily actinic activity of the sun in this section. With the widespread increase of interest in the effect of ultra-violet activity of the sun on numerous chronic ills, attention has been focused on the Swiss Alps, because conditions there offer many hours of sunshine, and, the current literature would have us believe, a sun richer in ultra-violet rays and more pronounced in its effect than in any other portion of the civilized world which has been investigated up to the present time. Particular stress has been laid upon the fact that it is only in high altitudes with the corresponding rarity and clearness of the atmosphere that the actinic activity of the sun may be found in quantities sufficient to best supply this form of therapy.

With this thought in mind we have for some time past been determining the ultra-violet activity of the sun on Miami Beach, in an effort to get comparative figures with those obtained in Switzerland. While this work has not been going on over a sufficient period to justify an absolute statement, the results obtained so far have given us a higher figure than those reported from a similar method of determination by some of the investigators in Switzerland, and it is our belief that perhaps the density of the atmosphere does not have as much bearing on the problem as the lack of pollution of the atmosphere.

Soil of Shoreline.—The immediate shoreline of this southeastern part of Florida is a sandy strip which varies from four to six miles in width, and overlies a stratum of nummulitic limestone. This formation acts like a blotting paper, and insures against any surface accumulation of water. Even in September, at the time of the yearly torrential rains, the rainfall (which at times has equalled sixteen inches in forty-eight hours), is so quickly eliminated by the porous nature of the ground that in twenty-four hours the surface water is completely absorbed. The ground is absolutely free from any surface moisture. The marked lack of any great amount of vegetation, with the exception of palm and landscape foliage, is also helpful toward this end. The loose character of the soil has, in addition, a very great influence on the dissipation of accumulated heat. This dryness of soil and the scarcity of the vegetation also lessens the frequency of dew.

Humidity.—The rarity of dew, mist, and fog, speaks for a peculiar condition regarding the relative humidity. Obviously, the relative humidity must be a very tolerant figure when it is considered that fogs are an absolute rarity; that mist appears only occasionally, and then only at an early morning hour; and that dew is seldom noticeable. During 1924 the relative humidity varied only slightly throughout the twenty-four hours. An average reading at 8:00 a. m. showed 79%; at noon 67%; at 8:00 p. m. 76%.

Prevailing Wind.—Another important factor in the regulation of the climate of this section is

the prevailing wind. With an average humidity quite as high as the Atlantic Coast States farther north, even in midsummer there is less of the intensely oppressive weather so common in the States bordering the Atlantic Ocean. While in the summer months there is hot weather, sunstroke is unknown; the constant presence of a breeze is sufficient to prevent any combination of high temperature, high humidity, and stagnant air. Being on the edge of the trade winds there is a steady flow of atmosphere, mostly from the northeast, east or southeast, according to the season. The average hourly wind velocity is from 8-10 miles per hour.

Temperature.—Since the prevailing winds are from these directions, the warm waters of the Gulf Stream just to the east, assure at all seasons of the year an equable temperature, barring an occasional cold northwest wind in the winter months. However, this condition never prevails for more than one or two days. But in dealing with the sick it is an absolute necessity that some provision be made for heating their quarters at this time, since the marked contrast with the average temperature is so great.

The temperature on Miami Beach has never dropped to the freezing point. There is only slight variations between midday and midnight temperature. The prevailing winds, tempered in their passage over the Gulf Stream, show but rarely even so much as a ten-degree variation in the twenty-four hours. For a coast climate which as a rule is less equable owing to the more rapid diurnal radiations, and stronger irregular changes, the east coastal strip of Florida, with its outstanding equable climate, offers a marked contrast which is due to the prevailing winds and the Gulf Stream.

Rainfall.—Many people have an idea that there is a great amount of rainfall. While the yearly precipitation is high, reaching an average of 60-65 inches per year, when it is realized that the great bulk of this amount of rain is confined to two months of the year, it is readily seen that for the greater portion of the year the rainfall is very moderate. Specifically, in 1924 there were 65.54 inches of rain, of which 25 inches fell in October. In December of the same year there were only .52 of an inch of rainfall. There are generally one or two, possibly three, very heavy rains of twenty-four-hour duration, which make up from one-third to one-half of the total yearly precipitation.

Sunshine.—Because of the fact that this section is within the western extension of the area of high barometric pressure over the Atlantic Ocean, it insures an abundance of bright sunshine throughout the year. During 1924 there was 71% of the available sunshine existent. The occasional overcast sky is never persistent. The average amount of cloudiness does not vary greatly from month to month. It is slightly greater in the summer and fall months than during the winter. Cloudiness is least in January and February and greatest, on an average, in October.

Vital Statistics.—A glance at the health and mortality statistics for different seasons and under different conditions of weather, shows the influence of climatic factors on the state of health of the population of a given section, and the different seasons represent to a certain extent different climates. This area in Florida, with its freedom from any marked variations or sudden changes of temperature from day to day, is particularly free from the diseases that are commonly found in the temperate zone, and, one might say, almost absolutely free from the diseases generally associated with the tropical or subtropical countries.

The most important causes of death used to be the contagious diseases: Smallpox, typhoid fever, and the great pandemics. All of these are rather thoroughly under control. It is the degenerative diseases of the lungs, heart, arteries, and kidneys that are now the serious factors in human mortality.

A statistical study of these diseases shows Florida with a lower death rate than any other State in the United States registration area, and the section of Florida under discussion, although a mecca for many persons with lowered resistance, advanced age, and many other physical handicaps, shows one of the lowest death rates from these diseases found in any section of the State.

In Florida, the danger to man lay in the protozoan types of organisms, and since the bacterial pathogens were never endemic to this section, Florida is particularly free from all lower forms of pathogenic life.

It was a study of the different publications on medical climatology that prompted these remarks. It has been impossible to find any extensive or well-represented data concerning the southeastern portion of this State, and in view of the

great importance of climate in relation to health in the treatment of disease, and since perhaps this section offers a more helpful environment for a greater number of different disease processes than any other easily accessible district in the civilized world, data concerning different phases of the subject will be presented from time to time, and a study of the different subject matter properly presented.

ANOTHER CASE OF SITUS VISCERUM TRANSPOSUS*
or
TRANSPOSITION OF THE VISCERA

Jos. S. Stewart, Jr., M.D.,
Miami.

During the last year of the Civil War there appeared a report of seventy-nine cases of transposition of the viscera.[1] Of this number only six were discovered during life. In 1902[2] forty-nine cases were reported, forty of which were discovered during life—an indication of the growing diagnostic acumen of modern medicine.

The report of 1865 covered all cases found in the literature during the previous two centuries. The report of 1902 brought the total number of cases to one hundred and forty-nine. The most recent review of the literature[3] brings the total number of reported cases of transposition to four hundred.

The cause of complete or partial transposition is unknown and it appears to me that it will remain veiled in secrecy until the why and wherefore of a normal position is known.

In 1921 I reported three cases[4]; one discovered during an appendectomy when the appendix was not found in the usual position; one discovered at autopsy; one diagnosed before operation and in which the appendix was removed through a left rectus incision. I wish to add another case at this time.

White male, age 38, married, no children. Past history of no interest. Father died following an operation. Mother living and in good health. No sisters. One brother living and well, one brother died in infancy. No member of the family is transposed, nor has the patient ever heard of this condition being present in any ancestor or relative.

Examination discloses the apex beat on the right side at the fifth interspace. Liver dullness absent on the right but found on the left side. The left kidney is palpable and is several centimeters lower than the normal left kidney. The right kidney is not palpable. The spleen is not felt. The right testicle is lower than the left. X-ray examination shows a complete transposition of the abdominal and thorasic organs, Dr. Raap's letter stating that the left lung contained three lobes, the right only two. This patient is right-handed. He states that he was naturally left-handed but was forced by his parents to use the right hand.

Transposition occurs with sufficient frequency to demand our respect, especially to be remembered when we are confronted with unusual pain or symptoms in the left abdomen.

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*Read before the Dade County Medical Society, Nov. 5, 1926.

REPORT OF A CASE OF STRANGULATED AND GANGRENOUS UNDESCENDED TESTICLE*

F. A. Vogt, M.D.,
Miami.

Baby S., age 8½ months. Was first seen on April 13th, 1926.

Past history: Normal delivery, weighed eight pounds at birth, breast fed. Has had no serious illnesses of any kind.

Family history: Negative. Mother and father both well.

Present illness: On April 10th the mother noticed that the child was fretful and irritable and very restless at night. At frequent intervals during the night the baby would suddenly wake and cry out as if in pain. Mother thought it had some fever. There were no digestive disturbances, no constipation or diarrhœa. On the morning of the third day of illness, while bathing the baby, the mother noticed a lump in the left groin and immediately sought medical advice.

(*Continued on Page 194*)

*Case report read at November meeting of Dade County Medical Society.

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MEMBERSHIP ROSTER

In this issue of The Journal there appears, for the first time published, a complete roster by county societies of the members of the Florida Medical Association for the year 1926. The editor feels that this will be of use to all the members of the Association. Many times our office is called upon to supply such a list to those members who desire to forward communications to our membership. Be sure to file this copy of The Journal for future reference.

THE PALM BEACH MEETING

The Palm Beach County Medical Society, working with the committees from this Association, have the plans for the annual meeting of the Association well under way. The Committee on Scientific Program have formulated a very interesting and diversified program which will appear in the March issue of The Journal. The local committee on arrangements have an unusually interesting program of entertainment. If you haven't made hotel reservations for the meeting in West Palm Beach, do so without delay.

STATE NEWS ITEMS

The Pasco County Medical Society was organized on August 3, 1923, with Doctors Bradshaw, Jackson and Cannon attending—all of Pasco County. In January, 1924, Doctors Hancock and Creekmore of Hernando County became members of the society. By November, 1924, the name of the society was changed from Pasco County Medical Society to the Pasco-Hernando County Medical Society. In November, 1925, the remaining doctors who were eligible in Pasco and Hernando counties became members, giving the society a one hundred per cent membership in the two counties. About this time Doctor Dame of Citrus County joined the organization and lately the remaining doctors in this county, who were eligible, became members. At the December 14th meeting, the name of the society was again changed to the Pasco-Hernando-Citrus County Medical Society. The following officers were elected for 1927: Dr. George R. Creekmore, Brooksville, president; Dr. Geo. A. Dame, Inverness, vice-president; Dr. T. F. Jackson, Dade City, secretary-treasurer. The total membership is now fifteen. Every member is proud of the society's progress and enjoys the good feeling which exists between the members.

* * *

The following officers were elected at a recent meeting of the Alachua County Medical Society: President, Dr. S. D. Rice, Gainesville; vice-president, Dr. W. Lassiter, Gainesville; secretary-treasurer, Dr. J. L. Summerlin, Gainesville. Previous to the business meeting of the society, a dinner was enjoyed at the White House and afterwards a paper entitled "The use of Free Fascia in the Repair of Hernias" was read by Dr. Harry Peyton of Jacksonville. Accompanying Dr. Peyton was Dr. E. C. Swift of Jacksonville, who was guest of the county society.

* * *

The Associated Press on January 22nd carried the following news item concerning the postal department investigation of the "diploma mill" in Florida: "Postal Inspector R. A. Ward left today for Washington and New York in response to a telegraphic communication notifying him that four physicians arrested in those cities this week in connection with the alleged Florida diploma mill had determined to fight removal to this State. The physicians, Drs. B. Lust, prominent naturopath and publisher, W. A. Lucia, F. Trapani and F. T. Shyne, were all indicted by the December grand jury in Jacksonville. Lust is accused of having furnished a medical diploma to Dr. G. A. Munch of Tampa, who, in turn, is charged by Federal officers with having sold it. The other three are said to have practiced under licenses and diplomas illegally obtained."

* * *

Dr. W. H. McCaslan announces the removal of his offices to 603 Citizens Bank building, Tampa.

* * *

At their annual meeting, members of the Polk County Medical Society elected the following officers: President, Dr. R. H. Mooty, Winter Haven; vice-president, Dr. J. B. Lowry, Nichols; secretary-treasurer, Dr. Herman Watson, Lakeland.

* * *

The first meeting of the newly organized medical society composed of the counties of Columbia, Hamilton, Madison and Suwannee was held recently at the home of the president, Dr. E. Long, Madison. The attendance was good.

* * *

At the first annual meeting of the Hernando General Hospital, held during the past month, it was reported that 114 patients had been cared for during the first six months of the hospital's existence. The financial condition of the hospital is very satisfactory and this institution serves a great need in its community.

* * *

Dr. R. S. Lowry was recently appointed health officer for the city of Ft. Lauderdale, assuming his duties during the past month.

* * *

Dr. and Mrs. B. A. Wilkinson of Tallahassee, whose marriage was a recent event in Albany, Ga., have returned from their wedding trip and are at home to their friends on Gadsden street, having an apartment with Mrs. Chesley.

* * *

The Pasco-Hernando-Citrus County Medical Society held its annual banquet at the Tangerine Hotel in Brooksville January 13th. The president of the society, Dr. G. R. Creekmore, presided as toastmaster. A program of music and dancing was enjoyed by the guests. The following members and guests attended the banquet:

Drs. Sheldon Stringer, J. C. Page, W. J. Lancaster, J. C. Chandler, and D. G. Meighen, Tampa; Walter A. Weed and Herman Watson, Lakeland; J. T. Bradshaw, Lake Jovita; Geo. A. Dame, J. F. Miller, Inverness; T. J. Jackson, Dade City, and W. H. Cox, G. R. Creekmore, A. C. Coogler and W. S. Hancock, Jr., Brooksville.

* * *

Dr. Harry Hamilton Cooke of St. Petersburg has recently been appointed a Fellow in surgery at the Mayo Clinic, beginning April 1, 1927.

* * *

Some of the ophthalmologists and otolaryngologists are planning a get-together meeting at our next annual convention at West Palm Beach. The advisability of arranging for a luncheon or dinner during the meeting is being considered in order that all the men doing this special work may become personally acquainted with each other. If you are interested in this, send your ideas to Dr. M. A. Lischkoff at the Blount Building, Pensacola, with your suggestions.

* * *

A meeting of the Hospital Committee of the Lake County Medical Society was held Monday evening, January 17th, when it was decided to advertise the intention of the society to have presented to the next session of the State Legislature a bill authorizing the Lake County Commissioners to call for a special election to decide whether or not to issue bonds for building a county hospital. Members of the Hospital Committee are Drs. Chas. H. Lodor and M. M. Hannum of Eustis and S. C. Colley of Tavares. The committee invited Senator Edge and Representatives McKensie and Kennedy to attend the meeting to assist in planning the action to be taken.

* * *

The Hillsborough County Medical Society held their annual banquet on the evening of January 6, 1927, with the members of the Manatee County Medical Society as their guests. Dr. L. J. Efird, of Tampa, was toastmaster. The banquet was well attended by local men who had quite a number of invited guests.

* * *

The Dade County Medical Society held their January meeting at the Coral Gables Country Club. After a banquet, the program enjoyed consisted of papers and moving picture demonstrations by Dr. F. H. Albee on "Ununited Fractures of the Hip" and Dr. J. M. Burke on "The Relation Between Hernia and Trauma." Seven new members were accepted into the society.

* * *

Stanley Erwin, M.D., announces the removal of his office after January 1st, 1927, to Suite 724-6-8, Lynch Building, Jacksonville.

* * *

An advertiser from Ohio writes: "Our firm receives 'The Journal of the Florida Medical Association' and I have noted many interesting and instructive articles." The advertiser is referring to X-ray apparatus. Those who have observed the steady increase in advertising will be interested.

* * *

Dr. Arthur G. Fort, formerly of Miami, announces the opening of his offices, suite 301 Medical Arts building, Atlanta, Ga.

* * *

Dr. Leonard N. Moe announces the removal of his offices to Room 212, St. James building, Jacksonville.

* * *

Dr. C. J. Heinberg's paper, "Synergistic Analgesia," published in the January, 1927, Journal, was read before the Escambia County Medical Society at Pensacola, November 9, 1926. This notation did not appear when the article was published.

* * *

Dr. L. M. Anderson, Lake City, councilor for the Third District, has just visited officially the last county society in his district. Thursday, January 27th, Dr. Anderson, Dr. E. Long of Madison and Dr. L. J. Arnold of Lake City, together with two doctors from Thomasville, Georgia, were guests at the Taylor County Medical Society meeting. Five doctors of Taylor county were present. Owing to an unlooked for detour, the guests were delayed two and one-half hours and were very much pleased to find that the meeting, called at 12:00, was kept going until 2:30 p. m. The meeting was very interesting and the guests appreciated the many courtesies shown them by the Taylor County doctors. A total of 189 miles were traveled by Dr. Anderson, councilor for the district, and many long distance 'phone calls made in arranging the meeting.

A section meeting of the American College of Surgeons was held in Birmingham, Alabama, January 24th and 25th. Drs. Frederick J. Waas, Robert B. McIver and N. M. Heggie of Jacksonville, Leigh F. Robinson of Ft. Lauderdale and John Helms of Tampa were in attendance from Florida. The following were elected as officers of the Executive Committee: Dr. John Helms, chairman; Dr. Robert B. McIver, secretary, and Dr. N. M. Heggie, counselor. Tampa was chosen as the next place of meeting.

* * *

The annual dinner of the Duval County Medical Society will be held at the George Washington Hotel, Jacksonville, Tuesday evening, March 1st, at 8:30. The guest of honor and principal speaker of the evening will be Dr. Edward Starr Judd of Rochester, Minn., who has chosen as his subject "Surgery of Biliary Passages."

In Memoriam

W. B. McRAE, M.D.

Dr. W. B. McRae, known and loved by nearly every one in Hamilton County, died at his home in Jasper, January 7th at 10:30 p. m., following a sudden attack of heart trouble the previous evening. From the time he was stricken until his death, he was unconscious the greater part of the time. Funeral services held the following Sunday afternoon at Evergreen cemetery, Jasper, were as largely attended as any ever held there, friends from all sections of the county coming to pay the last tribute of respect to a man dearly loved by all. Dr. McRae was sixty-two years of age and had practiced medicine at Jennings and around that section for thirty-one years, moving to Jasper only a few years ago. As a practitioner, he held the highest esteem of the medical profession, and as a man was loved and respected by all who knew him. He was of that old school of medicine who never heard a call that he did not answer. The human side was always before him and it is told of him that the business side of the profession was a secondary matter. Though he did not gain in a material way, it is declared by his friends that he laid up great riches in the affections of the people to whom he ministered over a long period of time.

* * *

B. L. PADGETT, M.D.

Dr. B. L. Padgett, well-known citizen and practicing physician in Hastings for the past nineteen years, died suddenly January 5th. He had not been in the best of health for some time, but did not complain of feeling ill until a few days previously. Dr. Padgett graduated from Charleston, S. C., Medical School twenty years ago and came immediately to Hastings. He served as medical officer during the World War, stationed at Camp Greenleaf, Chattanooga, Tenn. He was Hastings' first mayor, receiving his appointment from Governor Gilchrist when the town received its incorporation charter in 1913. He also served on the town council. Dr. Padgett was unmarried and is survived by his mother and several brothers and sisters.

* * *

JOSIAH MILLARD CODY, M.D.

Josiah Millard Cody was born in Ontario, Canada, October 18, 1861. He graduated from Rush Medical College, Chicago, in 1886. He began to practice the following year in Tremont, Illinois, where he continued uninterrupted for thirty-three years. He was married to Miss Belle Davis, daughter of A. J. and Martha Gowdy Davis, June 4, 1890. Dr. Cody moved to Vero Beach in 1919 with the intention of retiring from practice. The demands for his services became so great, however, that he opened an office in 1923. He died in the Victoria Hospital, Miami, January 8, 1927, of a pulmonary abscess and pneumonia. He leaves to mourn his loss a wife and a daughter, two brothers and one sister.

* * *

CHARLES M. ROBERTS, M.D.

Dr. Charles M. Roberts of Umatilla, Lake County, Florida, died at 10:30 p. m. Thursday, December 30, 1926, as the result of the wrecking of an automobile which he was driving. The automobile turned turtle on the highway between DeLand and the St. Johns river while Dr. Roberts was driving toward his home in Umatilla. Dr. Roberts was 45 years of age. He graduated from the University of Tennessee in 1910 and for nineteen years has practiced in Umatilla. He was at one time president of the Lake County Medical Society.

NORTH AMERICAN PHYSICIANS ARE INVITED TO VISIT THE CLINICS OF EUROPE AGAIN IN 1927

In May this year a group of physicians with members of their families from the United States and Canada, under the direction of the Interstate Post-Graduate Medical Association of North America, will sail from New York to visit the following leading medical centers of the Old World:

London, Edinburgh, Oslo, Stockholm, Upsala, Lund, Copenhagen, Hamburg, Leipzig, Munich, Strasbourg, Heidelberg, Frankfort and Paris.

This will be the third year that foreign assemblies have been conducted under the auspices of this organization. Those of 1925 and 1926 were exceedingly successful and of great benefit to the physicians who took advantage of them. No doubt the 1927 assemblies will meet with equal success.

In including Norway, Sweden and Denmark in the itinerary, the Association is offering the profession an exceptional opportunity to visit and study in some of the finest clinics in the world.

The group of physicians will be limited to a number that can be comfortably accommodated in the clinics which will cover the entire field of medical science.

The price of the trip will be kept as low as possible and yet furnish first-class accommodations. It will be between $1,000 and $1,100. All physicians who are in good standing in their State or Provincial Society may register. Further information may be obtained from the Managing Director, Dr. William B. Peck, Freeport, Illinois, or the Travel Department of the American Express Company, 65 Broadway, New York, N. Y., who have charge of the transportation.

WOMAN'S AUXILIARY TO THE FLORIDA MEDICAL ASSOCIATION

OFFICERS:

President—Mrs. Wilburn Lassiter, Gainesville.

First Vice-President—Mrs. A. H. Freeman, Ocala.

Secretary and Treasurer—Mrs. M. M. Hannum, Eustis.

Corresponding Secretary—Mrs. G. C. Tillman, Gainesville.

THE WOMAN'S AUXILIARY.

The formation of the Woman's Auxiliary to the Florida Medical Association brings together a group of women whose purpose will be to assist the work of the medical profession through wives of the physicians, reach the needs of communities and assist in the advancement of health conditions, working with the women's organizations throughout the State, which look for the advancement of health conditions.

Through this organization we hope to provide a better acquaintance among doctors' families—to organize an auxiliary in each county and assist in any way we may be called upon in the entertainment of state or district meetings of the men who compose this noble profession. We ask for the cooperation of each physician in completing our organization plans at the annual meeting to be held in West Palm Beach April 5-6. Bring your wife with you that she may enjoy the many benefits gained from this our first anniversary.

Plans for the two days' program will be given in the next issue of The Journal. Mrs. George M. Dawson of West Palm Beach has been appointed chairman of entertainment for ladies, while plans for the business session were arranged by the executive committee at a meeting held in Ocala January 31st.

ANNA B. LASSITER, President,
Woman's Auxiliary, Florida.

ADVERTISERS' NOTES

ABBOTT LABORATORIES SALES SCHOOL.

The salesmen of the Abbott Laboratories and the Dermatological Research Laboratories from the Middle West and the South met in the home offices of that company in North Chicago, the week of December 27. Over forty representatives were present at this meeting, including one from the Pacific Coast, two from Texas, three from Canada, one from Atlanta, Ga., and three from the Eastern sales force.

Four days were spent in intensive study of the Abbott and D. R. L. products. Playlets were staged illustrating sales points and round tables were conducted on subjects of importance to the salesmen and the firm. On Tuesday evening, December 28th, the salesmen were invited to attend the annual Christmas dinner and dance given by the employees of the Abbott Laboratories. Over 500 were in attendance at this

function. On the following evening the salesmen were entertained at a banquet given by the Abbott Laboratories in their own cafeteria, recently installed at the North Chicago plant. Addresses were given at this meeting by Dr. Alfred S. Burdick, president of the Abbott Laboratories, who reviewed the progress of the company and introduced Dr. G. W. Raiziss, professor of chemotherapy, University of Pennsylvania, who spoke on the newer arsenical compounds, particularly Bismarsen, a new combination of bismuth and arsenic; Dr. Roger Adams, professor of chemistry, University of Illinois, who told of his investigations in the field of chaulmoogric acids; and Dr. A. G. Young of the University of Michigan, who spoke of the treatment of arthritis deformans with o-iodoxy benzoic acid, amidoxyl.

THE CONTROL OF DIPHTHERIA

Notwithstanding the fact that the prevention of diphtheria is engaging the attention of city boards of health and private practitioners throughout the country, and many thousand immunizing treatments have already been given, it will be a long time, we fear, before diphtheria antitoxin goes out of use, or even before the need for it becomes appreciably less than it is now.

The makers of diphtheria antitoxin, therefore, are to be commended for doing their utmost to improve the quality of the antitoxin and the syringe package in which it is put up. Parke, Davis & Co., who began supplying diphtheria antitoxin more than thirty years ago, announce some recent developments in the purification of this product and the concentration of the dose volume. See their advertisement in this issue, "Latest Refinements in Diphtheria Antitoxin."

REPORT OF A CASE OF STRANGULATED AND GANGRENOUS UNDESCENDED TESTICLE

(*Continued from Page 188*)

Physical examination: Baby is well developed and nourished. Head, neck, thorax and extremities negative. Abdomen slightly distended, no muscular rigidity. In the region of the upper part of the left inguinal canal, a firm, tender, nonreducible and nonfluctuant mass was palpated. There were no evidences of abrasions or sores on the genitalia or extremities. No impulse was felt over the mass when baby cried. Both testicles were absent from the scrotum.

Temperature 101 per rectum, pulse 120, respiration 30.

Preoperative diagnosis:

1. Strangulated undescended testicle.
2. Enlarged inguinal lymph gland.
3. Hernia.

Operation advised.

Operation: Under light ether anæsthesia an incision was made through the skin over the left inguinal canal. The aponeurosis of the external oblique was incised from below upwards, thus opening into the canal. The spermatic funiculus was absent, and in the extreme upper angle of the canal was found a mass about the size of a large olive. This was freed from adhesions and proved to be a gangrenous testicle. The testicle was further exposed by traction and the funiculus was found to be twisted on itself several times, cutting off the blood supply from the organ. The funiculus was untwisted, hot towels applied to the tissues, but after several minutes circulation did not return. The testicle was then removed and the incision closed in the usual manner without drainage.

Pathological report by Dr. Youmans is as follows:

Testicle: Gross appearance small, enclosed in sac; very dark in color, suffused with blood.

Microscopic section shows a fairly well preserved fibrous capsule and in places the stroma is in a fair state of preservation. In other places the stroma has lost structual characteristics. No where is the glandular tissue preserved except in outline. The blood vessels throughout are markedly dilated and there is diffusion of blood throughout the tissue.

The baby made an uneventful recovery.

Strangulation of an undescended testicle may occur at any age, but is most common during the ten-year period immediately following puberty. Untreated it leads to asceptic gangrene, abscess or more commonly simple atrophy. Seventy-five per cent of the cases have to be castrated. If operated on early enough there is a possibility that the testicle might be saved.

An interesting observation in this case was that the right testicle had not descended and could not be felt in the canal.

MEMBERSHIP ROSTER
FLORIDA MEDICAL ASSOCIATION
CALENDAR YEAR 1926

ALACHUA COUNTY MEDICAL SOCIETY.

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Bishop, B. M.....Archer
Brantley, Z.....Grandin
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Dailey, I. A.....Micanopy
DePass, M. H.....Gainesville
Elmore, W. T., Baird Bldg., Gainesville
Floyd, G. M.....Hawthorne
Goode, J. A.....Alachua
Gray, C. R.....Trenton
Hodges, J. H.....Gainesville
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Parks, W. B.....Starke
Preston, H. F.....Melrose
Pridgeon, C. L.....Waldo
Rice, S. D.....Gainesville
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Smith, D. T.....Gainesville
Summerlin, J. L.....Gainesville
Tillman, G. C.....Gainesville
Turner, J. W.....Sumner
Turner, S. L.....Williston
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Weeks, L. R.....Trenton
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Blackshear, W. J.....Panama City
Lee, W. J.....Panama City

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Maines, John E.....Lake Butler
Mann, John M.....Lake Butler
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Ferguson, R. D., Titusville...Sec.-Treas.
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Hughlett, W. S.....Cocoa
Thomas, A. F.....Titusville
White, C. B.....Cocoa

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Walker, H. A., Hollywood Beach Hotel, Hollywood..Vice-President
Robinson, Leigh F., Ft. Lauderdale, Secretary and Treasurer
Carter, D. E.....Ft. Lauderdale
Hippensteel, R.....Ft. Lauderdale
Johnston, J. A.....Ft. Lauderdale
Klussman, H. A.....Ft. Lauderdale
Klussman, R. M., First National Bank Building.....Ft. Lauderdale
Lingeman, R. B.....Ft. Lauderdale
Lowry, R. S.....Ft. Lauderdale
McClellan, G. S.....Pompano
McLowry, Elbert.....Hollywood
Peavy, H. J., First National Bank Building.....Ft. Lauderdale
Repass, R. E.....Ft. Lauderdale
Skiff, F. S.....Ft. Lauderdale
Smallwood, Robert.....Ft. Lauderdale
Stanford, J. A.....Ft. Lauderdale
Stoval, R. H., First National Bank Building.....Ft. Lauderdale
Stranahan, J. O.....Ft. Lauderdale
Wigg, C. J.....Ft. Lauderdale
Winsor, S. A.....Pompano

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Anderson, T. S.....Live Oak
Bates, T. H.....Lake City
Blalock, A. L.....Madison
Caldwell, Herbert.....Lake City
Farnell, P. C.....Lake City
Gable, J. D.....Lake City
Harkness, R. B.....Lake City
Long, E.....Madison
Tyre, C. M.....High Springs
Whitlock, W. E.....High Springs
Witt, T. W.....Lake City

DADE COUNTY MEDICAL SOCIETY.

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Woodward, R. C., Professional Building, Miami.....Vice-President
Raap, Gerard, Professional Building, Miami.....Sec. and Treas.
Adkins, E. H., 210 Collins Avenue.....Miami Beach
Agos, I. H., Box 2626.....Miami
Allen, O. F., 152 S. E. Fourteenth Street.....Miami
Aranovitz, S., Professional Building.....Miami
Babcock, Donald T., Calumet Building.....Miami
Babcock, H. C., Calumet Building.....Miami
Baker, Juel M., 719 Seybold Building.....Miami
Baker, L. A., 570 West Flagler Street.....Miami
Barfield, J. O., 312 N. W. Third Avenue.....Miami
Barge, H. A., 405 Calumet Building.....Miami
Barge, W. J., 405 Calumet Building.....Miami
Benton, G. H., 156 East Flagler Street.....Miami
Bergmann, J. E., 835 Lincoln Road.....Miami Beach
Brannen, Cecil, Box 85....Coral Gables
Burch, R. N., 2846 N. Miami Avenue.....Miami
Burley, B. T., Calumet Building.....Miami
Campbell, E. E., 227 N. E. 5th Street.....Miami
Caplan, L., 1207 W. Flagler Street.....Miami
Chambers, S. E., City Health Department.....Miami
Chandler, G. E., Calumet Building.....Miami
Cleghorn, Chas. D., Ralston Building.....Miami
Coleman, W. S., 611 Professional Building.....Miami
Conger, G. D., 2164 N. W. 28th Street.....Miami
Coplan, M. M., 601 Professional Building.....Miami
Couric, C. S.....Lemon City
Crager, J. C., Professional Building.....Miami
DeBoe, M. P., First National Bank Building.....Miami
DePuis, J. G....Lemon City and Miami
Dunnaway, C. E., Box 723.....Miami
Edwards, S. R., Allison Hospital.....Miami Beach
Elgin, L. W., 710 Miami Bank & Trust Building.....Miami
Field, S. E., Box 625.....Lemon City
Flipse, M. J., 306 Huntington Building.....Miami
Fort, A. G.....Miami
Fossey, Herbert L., 21 N. E. 36th Street.....Miami
Fox, H. H., Congress Building...Miami
Foxworthy, F. W., 310 First National Bank Building.....Miami
Franklin, C. G., Box 75..Coconut Grove
Freeman, Mary.....Perrine
French, E. D., Hippodrome Building.....Miami
Garceau, G. J., Allison Hospital.....Miami Beach
Ghertler, Max, 270 N. E. 23rd Street.....Miami
Gowdy, F. A., 212 Republic Building.....Miami
Gowdy, R. A., Olympia Building, Miami
Gramling, W. S., 305 N. E. 17th Street.....Miami
Graves, J. R., Hippodrome Building.....Miami
Grimes, D. H., Box B.....Lemon City
Haggard, W. A., 203 Townley Building.....Miami
Haisfield, H. B., 3002 Grand Avenue.....Coconut Grove
Hall, E. J., Professional Building.....Miami
Hall, T. B., Aladdin Bldg., Miami Beach
Hall, M. W., Professional Bldg., Miami
Harris, D. W., Professional Bldg., Miami
Harris, R. M., 402 Calumet Bldg., Miami
Hatch, E. B., 71 N. E. Eleventh Street.....Miami
Hodsdon, B. F., Box 923.....Miami
Hodsdon, L. A., 601 N. E. First Avenue.....Miami
Holmes, R. J., Professional Bldg., Miami
Hopkins, Heywood H., 223 McDuff Avenue.....Jacksonville
Hotchkiss, W. T., Alladin Bldg., Miami
Hutchinson, L. R., 7912 N. E. Third Avenue.....Little River
Hutson, T. W., 5 N. E. Second Avenue.....Miami
Jaudon, E. K., 404 N. E. 27th Street.....Miami
Jeffery, S. L.....Coconut Grove
Johnson, Estella, Box 352, Coral Gables
Jones, W. C., Calumet Building, Miami
Jordan, W. B.....Homestead
Jordan, W. M., 835 Lincoln Road.....Miami Beach
Keeler, F. L., Box 1250.....Miami
Keely, J., Chester Apartments...Miami
Kelley, E. E., 283 Halcyon Arcade, Miami
Kemp, A. J., Congress Building, Miami
Kennon, C. L., Calumet Building, Miami
Kirsch, M. D., Huntington Bldg., Miami
Lanier, W. T., 19 S. W. Seventh Avenue.....Miami
Leavitt, H. A., 127 N. E. Fifth Street.....Miami
Light, S. D. W., Calumet Bldg., Miami
Lithgow, Wm. D., 245 N. E. 25th Street.....Miami
Litterer, A. B., U. S. Bond & Mfg. Co. Building.....Miami
Lott, Y. C., 202 Bedford Bldg....Miami
Lucinian, H., Huntington Bldg., Miami
Lustgarten, A., Tuttle Hotel.....Miami
McGunagle, J. E., Box 217.....Miami
McKenzie, J. S.....Little River
McKibben, W. M., 205 Calumet Building.....Miami
McLean, E. H., 512 Huntington Building.....Miami
Martin, Benj. J., 37 N. E. 1st Avenue.....Miami
Martin, M. C.....Little River
Manson, P. J.....Little River
Milton, J. D., 127 N. E. Fifth Street.....Miami
Nabers, L. W., 3618 N. E. Second Avenue.....Miami
Newport, P. E., 566 S. W. Third Street.....Miami
Nichol, E. S., 306 Huntington Building.....Miami
O'Quinn, L. H.....Hialeah
Ownbey, A. D., 1237 S. W. Eighth Street.....Miami
Palmer, B., Calumet Building....Miami
Panettiere, C., 1133 Fifth Street.....Miami Beach
Paulk, George A., Congress Building.....Miami
Payne, J. W., Professional Building.....Miami
Pearson, Homer, 1207 W. Flagler Street.....Miami
Pearson, R. J., 544 W. Flagler Street.....Miami
Peters, E., 105 S. E. First Street.....Miami
Pierson, Nelson, First National Bank Building.....Miami
Preston, R. W., 12 S. W. 17th Court.....Miami
Quillian, W., Laidlaw-Southworth Building.....Coral Gables
Roche, C. F.....Miami Beach
Rowlson, I. A., Box 424....Little River
Ryan, W. B., 803 Avenue Altamari.....Coral Gables
Sayles, C. F., 312 N. W. Third Avenue.....Miami
Sharpe, E. T., 4124 Alton Road.....Miami Beach
Shaw, E. Clay, 1133 Fifth Street.....Miami Beach
Shisler, J. W., 161 N. E. Second Street.....Miami
Simmons, J. A., Seybold Bldg....Miami
Simpson, J. R., 1051 Seybold Building.....Miami
Sinclair, J. A. B., 306 N. E. 16th Street.....Miami
Skaggs, P. T., 145 E. Flagler Street.....Miami
Smith, M., 405 Huntington Building.....Miami
Smith, J. W., 1760 N. W. Fifth Street.....Miami

Snyder, J. W., 156 E. Flagler Street ..... Miami
Spiegel, A., Laidlaw Building, Coral Gables
Stimson, Horace, 609 Miami Bank & Trust Building ..... Miami
Stuart, J. D., Townley Bldg. ..... Miami
Summers, Albert T., 142 E. Flagler Street ..... Miami
Tallman, M. H., 161 N. E. Second Street ..... Miami
Thomas, E. C., Box 237 ..... Miami
Thomas, M. D., Box 237 ..... Miami
Thorne, J. L., Seybold Building ... Miami
Threatte, Bruce, Huntington Building ..... Miami
Tower, J. B. ..... Homestead
Tumlin, C. E., 203 Townley Building ..... Miami
Turner, J. C., 212 E. Flagler Street ..... Miami
Vinson, W. J., 403 Professional Building ..... Miami
Vogt, F. A., 207 Calumet Building ..... Miami
Walters, A. L., Allison Hospital ..... Miami Beach
Ward, Frank, W. Flagler Street and 17th Avenue ..... Miami
Watters, W. H. ..... Coconut Grove
Welch, P. B., Tallman Hospital ..... Coral Gables
Westerman, J. T., 4625 N. E. Second Avenue ..... Miami
Whitten, B. L., First National Bank Building ..... Miami
Wilson, M. C., 212 Republic Building ..... Miami
Wood, A. W., 262 W. Flagler Street ..... Miami
Yarbrough, H. C., 812 Bayshore Boulevard ..... Miami
Youmans, C. P., Professional Building ..... Miami
Youmans, I. C., 653 S. W. Second Street ..... Miami

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Bevis, H. P., DeSoto National Bank ..... Arcadia
Brown, L. V. L. ..... Sebring
Coker, J. S. ..... Limestone
Crum, M. L. ..... Arcadia
Garner, J. E. ..... Wauchula
Highsmith, G. F. ..... Arcadia
Hubert, M. L. ..... Sebring
Kayton, M. C. ..... Wauchula
Kirkpatrick, C. H., Box 454 .... Arcadia
Mitchell, J. W. ..... Sebring
Poucher, A. A. ..... Wauchula
Spears, B. D. ..... Zolfo Springs
Witt, C. C. ..... Arcadia

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Limbaugh, Louie, St. James Building, Jacksonville ..... Secretary
Shaw, W. McL., St. James Building, Jacksonville ..... Treasurer
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Adams, Thos. S., 5 Main Street ..... Jacksonville
Adams, W. H., Professional Building ..... Jacksonville
Alford, Neil, St. James Building ..... Jacksonville
Arms, B. L., State Board of Health ..... Jacksonville
Bacon, H., 401 W. Duval Street ..... Jacksonville
Baker, R. M., Professional Building ..... Jacksonville
Baker, W. J. ..... Eastport
Barfield, F. G., St. James Building ..... Jacksonville
Baumgartner, C. J., Masonic Building ..... Jacksonville
Bayless, W. C., 310 W. Church Street ..... Jacksonville
Beals, J. A., Riverside Hospital ..... Jacksonville
*Bean, J. R. ..... Jacksonville
Beckman, G. E., Professional Building ..... Jacksonville
Berry, N. C., 2017 Main Street ..... Jacksonville
Black, J. B., St. James Building ..... Jacksonville
Blackmar, R. W., St. James Building ..... Jacksonville
Blinn, T. A., St. James Building ..... Jacksonville
Boone, J. L., 111 W. Adams Street ..... Jacksonville
Bowen, F. J., St. James Building ..... Jacksonville
Boyd, J. E., St. James Building ..... Jacksonville
Bransford, L. E., Professional Building ..... Jacksonville
Brillhart, H. L., Graham Building ..... Jacksonville
Brink, F. A., 502 King Street ..... Jacksonville
Brinson, W. D. ..... Baldwin
Broadbent, O. P., St. James Building ..... Jacksonville
Buckman, T. E., 513 Laura Street ..... Jacksonville
Carefoot, E. I., Professional Building ..... Jacksonville
Cason, T. Z., Riverside Hospital ..... Jacksonville
Chapman, B. A., 2151 Pearl Street ..... Jacksonville
Claxton, W. A., City Health Department ..... Miami
Collins, C. C., St. James Building ..... Jacksonville
Copeland, S. M., St. James Building ..... Jacksonville
Copp, F. A., Professional Building ..... Jacksonville
Counts, H. W., Peninsular Casualty Building .. Jacksonville
Croft, T. G., St. James Building ..... Jacksonville
Cunningham, L. W., St. James Building ..... Jacksonville
Davila, J. A., 25 E. Central Avenue ..... Orlando
Day, Gaston, St. James Building ..... Jacksonville
Dean, Russell, St. James Building ..... Jacksonville
Drew, H. R., St. James Building ..... Jacksonville
Driskell, S. E., St. James Building ..... Jacksonville
Enneis, F. B., Professional Building ..... Jacksonville
Erwin, Stanley, Dyal-Upchurch Building ..... Jacksonville
Field, T. S., 712 Laura St., Jacksonville
Fisher, L. C. ..... Green Cove Springs
Fort, F. L., Professional Building ..... Jacksonville
Furnish, R. D., 348 St. James Building ..... Jacksonville
Gammon, J. E., Professional Building ..... Jacksonville
Goethe, J. E., Liggett Building ..... Jacksonville
Goodale, B. H., St. James Building ..... Jacksonville
Greene, Ralph N., St. James Building ..... Jacksonville
Gwinn, V. H., 1935 Riverside Avenue ..... Jacksonville
Harrell, D. E., St. James Building ..... Jacksonville
Harris, R. L., Professional Building ..... Jacksonville
Harris, W. G., St. James Building ..... Jacksonville
Hartman, J. H., Riverside Hospital ..... Jacksonville
Harwell, D. F., Peninsular Casualty Building .... Jacksonville
Haskell, Lyman G., University of Florida ..... Gainesville
Heggie, N. M., Buckman Building ..... Jacksonville
Henson, G. E., St. James Building ..... Jacksonville
Herlong, M. B., Professional Building ..... Jacksonville
Holden, G. R., 510 Laura Street ..... Jacksonville
Holloway, L. W., St. James Building ..... Jacksonville
Horne, H. F., St. James Building ..... Jacksonville
Humphreys, D. G. ..... Fernandina
Ives, H. A., 15 Forest St., Jacksonville
Jackson, C. M., Adair Building ..... Jacksonville
Jelks, Edward, Riverside Hospital ..... Jacksonville
Jennings, C. L., Professional Building ..... Jacksonville
Johnson, A. J. ..... Raiford
Johnston, C. W., St. James Building ..... Jacksonville
Jones, F. C., Graham Building ..... Jacksonville
Keisling, F. C., Professional Building ..... Jacksonville
Key, Foster P. ..... Green Cove Springs
Killinger, R. R., St. James Building ..... Jacksonville
Kirby-Smith, J. L., Professional Building ..... Jacksonville
Kirk, W. W., Professional Building ..... Jacksonville
Knauer, W. J., Buckman Building ..... Jacksonville
Knight, A. C., Professional Building ..... Jacksonville
Love, J. D., 1463 Oak St., Jacksonville
Mabry, C. B., St. James Building ..... Jacksonville
McEuen, H. B., St. Luke's Hospital ..... Jacksonville
McGinnis, R. H., 1463 Oak Street ..... Jacksonville
McIver, R. B., St. James Building ..... Jacksonville
McKenzie, A. C., St. James Building ..... Jacksonville
Manhoff, Ben, 712 Laura Street ..... Jacksonville
Manning, W. S., St. James Building ..... Jacksonville
Martin, P. H., Professional Building ..... Jacksonville
May, R. D., Professional Building ..... Jacksonville
Milam, E. B., St. James Building ..... Jacksonville
Mitchell, G. M., 712 Laura Street ..... Jacksonville
Moe, L. N., 313 Professional Building ..... Jacksonville
Morris, K. A., 237 W. Duval Street ..... Jacksonville
Morris, S. A., 237 W. Duval Street ..... Jacksonville
Norris, S. R., St. James Building ..... Jacksonville
Norwood, J. K., Professional Building ..... Jacksonville
Oetjen, G. F., St. James Building ..... Jacksonville
Parramore, J. B., 32 Memorial Park W. ..... Jacksonville
Pasco, J. D., 513 Laura St., Jacksonville
Perry, P. C., Graham Building ..... Jacksonville
Peterson, C. A., St. James Building ..... Jacksonville
Peyton, H. A., Riverside Hospital ..... Jacksonville
Proctor, H. L., Professional Building ..... Jacksonville
Randolph, J. H., St. James Building ..... Jacksonville
Richards, F., Professional Building ..... Jacksonville
Richardson, G. W., 343 St. James Building ..... Jacksonville
Richardson, Shaler, 111 W. Adams Street ..... Jacksonville
Rollins, C. D., 1562 Riverside Avenue ..... Jacksonville
Ross, W. E., St. James Building ..... Jacksonville
Sanderson, Raymond, 3325 Orange Park Road ..... Jacksonville
Sandusky, C. M., 28 W. Monroe Street ..... Jacksonville
Schnauss, W. R., Adair Building ..... Jacksonville
Sengstak, E. P. E. ..... Mandarin
Sheppard, F. M., 2653 S. W. 24th Street ..... Miami
Simpson, 712 Laura Street .. Jacksonville
Skipper, C. T., St. James Building ..... Jacksonville
Smith, R. E., 15 Julia Street ..... Jacksonville
Stollenwerck, A. D., 25 W. Beaver Street ..... Jacksonville
Swift, Edwin C., Riverside Hospital ..... Jacksonville
Taylor, H. M., 111 W. Adams Street ..... Jacksonville
Teeter, E. H., St. James Building ..... Jacksonville
Thomas, R. Y. H., Dyal-Upchurch Building ..... Jacksonville
Thompson, D. C., 1926 Herschell Street ..... Jacksonville
Thompson, T. C., 602 W. Adams Street ..... Jacksonville
Tyler, L. V. ..... South Jacksonville
Upchurch, N. A., City Board of Health ..... Jacksonville
Van Schaick, H. D., St. James Building ..... Jacksonville
Veal, E. W. ..... South Jacksonville
Waas, F. J., Professional Building ..... Jacksonville
Washburn, Clayton, St. James Building ..... Jacksonville

*Deceased.

Wilcox, C. R., 712 Laura Street .....Jacksonville
Wilkinson, H. A., Professional Building .....Jacksonville
Wilson, A. K., St. James Building .....Jacksonville
Wilson, J. F., St. James Building .....Jacksonville
Woolsey, B. F., St. James Building .....Jacksonville

ESCAMBIA COUNTY MEDICAL SOCIETY

Bryans, H. L., 21½ E. Wright Street, Pensacola.....President
Hoffman, James, Hospital, Pensacola.....Secretary
Ames, A. M. .....Pensacola
Bickerstaff, J. H. .....Pensacola
Bryans, R. L., 108 E. Wright Street .....Pensacola
Carter, John .....Pensacola
D'Alemberte, C. W. .....Pensacola
Dewberry, W. C. .....Pensacola
Fellows, J. H., Brent Building .....Pensacola
Gachet, N. L. .....Century
Heinberger, C. J. .....Pensacola
Hixon, F. P. .....Pensacola
Holly, J. C. .....Milton
Hutchinson, C. E., 303 Blount Building .....Pensacola
Lischkoff, M. A., Blount Building .....Pensacola
Mixon, J. A., Box 697.....Pensacola
Nobles, R. F., Blount Building .....Pensacola
Nobles, V. R., Blount Building .....Pensacola
Nobles, W. D. .....Pensacola
Payne, W. C., Blount Building .....Pensacola
Pierpont, J. H., American Bank Building .....Pensacola
Pollock, W. A. J., Theisen Building .....Pensacola
Quina, M. E. .....Pensacola
Renshaw, F. G., 104 S. Palafox Street .....Pensacola
Simpson, H. L., 119½ S. Palafox Street .....Pensacola
Snyder, H. D. .....Pensacola
Stokes, T. H., Masonic Temple .....Pensacola
Sullivay, R. L., Route 1, Box 90 .....Pensacola
Thames, Rufus .....Milton
Turberville, J. S. .....Century
Turner, J. B. .....Bagdad
Webb, C. C., Blount Building, Pensacola

HILLSBORO COUNTY MEDICAL SOCIETY.

Bitzer, E. W., Citizens Bank Building, Tampa .....President
Marney, C. R., 914 S. Orleans Street, Tampa .....Vice-President
Lowry, B. W., Citrus Building, Tampa ..Secretary and Treasurer
Adamo, F. S., 2201½ Seventh Avenue .....Tampa
Adamson, W. P., Citizens Bank Building .....Tampa
Allen, Bundy, Citizens Bank Building .....Tampa
Alsobrook, J. W. .....Plant City
Andrews, C. A., Citizens Bank Building .....Tampa
Arroyo, C. F., Citizens Bank Building .....Tampa
Baldwin, R. E., Citizens Bank Building .....Tampa
Barker, F. T., Brans Building...Tampa
Bartlett, C. W., 508 Oak Street, Tampa
Beyer, A. K., Citizens Bank Building .....Tampa
Bidwell, A. M., 411 First National Bank Building .....Tampa
Black, R. C. .....Plant City
Blake, W. C., Citizens Bank Building .....Tampa
Bottari, G. C., 7th Avenue and 19th Street .....Tampa
Cameron, F. A., Gas Building...Tampa
Carlton, L. F., Citizens Bank Building .....Tampa
Carter, E. F., 1719 Grand Central Avenue .....Tampa
Chandler, J. C., Citrus Exchange Building .....Tampa
Clark, W. F., Krause Building...Tampa
Cook, Geo. L., 906 South Rome Avenue .....Tampa
Cook, H. M., Tribune Building..Tampa
Costa, F. J., 1425½ Seventh Avenue .....Tampa
Cowart, J. T., 9065 Romi.....Tampa
Crum, J. W., 2023½ Seventh Avenue .....Tampa
Daniels, B. A., Tribune Building .....Tampa
Dickinson, J. C., Citizens Bank Building .....Tampa
Draper, A. D., 5607 Florida Avenue .....Tampa
Duke, R. R., Citizens Bank Building .....Tampa
Dyer, W. H., 2116 Seventh Avenue .....Tampa
Edwards, W. E. .....Safety Harbor
Efird, L. J., Stovall Building....Tampa
Ely, R. A., Bruen Webb Building .....Tampa
Estes, J. L., Stovall Building....Tampa
Farrior, J. B., Citizens Bank Building .....Tampa
Favor, H. M., 402 Citrus Exchange Building .....Tampa
Fluker, C. B., Tribune Building .....Tampa
Forbes, S. B., Citizens Bank Building .....Tampa
Foster, J. C., 2023½ Broadway, Tampa
Gilbert, Elsie, 6508 Central Avenue .....Tampa
Gilmer, E. S., Citizens Bank Building .....Tampa
Glass, R. E., 914 14th Avenue...Tampa
Grantham, J. M., 513½ Franklin Street .....Tampa
Gyland, Stephen, Stovall Building .....Tampa
Hampton, H., Citizens Bank Building .....Tampa
Hardy, G. E. W., Stovall Building .....Tampa
Helms, J. S., Citizens Bank Building .....Tampa
Higgins, A., Gas Building.....Tampa
Holloway, E. W., 2051½ Seventh Avenue .....Tampa
Holton, W. J. .....Plant City
Hubbard, R. C., 2220 Seventh Avenue .....Tampa
Ives, A. C., Stovall Building....Tampa
Jefferson, R., Giddens Building..Tampa
Jenson, H. J., Nebraska and Elizabeth Streets .....Tampa
Jobson, A. M. C., Citizens Bank Building .....Tampa
Jones, A. B., Bayside Hospital .....Tampa
Knauf, A. R., Citizens Bank Building .....Tampa
Knight, J. C. .....Plant City
Lake, E. T. .....Sulphur Springs
Lancaster, W. J., Citizens Bank Building .....Tampa
McEachern, J. R., Citrus Exchange Building .....Tampa
McRay, E. H., Citrus Exchange Building .....Tampa
Maguire, T. C. .....Plant City
Martin, D. D., 906 South Rome Building .....Tampa
Meighen, Douglass, Gas Building, Tampa
Mills, David, 2107 N. Jefferson, Tampa
Mills, J. H., 907 17th Avenue....Tampa
Mitchell, L. B., Giddens Building, Tampa
Moore, T. J., Tribune Building..Tampa
Murphy, H. K. .....Mulberry
Nelson, R. G., 325 Lafayette Arcade .....Tampa
Ortega, Ralph, 1805 Fifteenth Street .....Tampa
Oppenheimer, L. S., Citizens Bank Building .....Tampa
Pate, J. C., 1107 First National Bank Building .....Tampa
Rankin, G. C., 715 Florida Avenue .....Tampa
Rowlett, W. M., Citizens Bank Building .....Tampa
Sanchez, B. A. .....Plant City
*Sandlin, Joseph T., Stovall Building .....Tampa
Saxton, J. J., Citrus Exchange Building .....Tampa
Smith, Burdette, Citrus Exchange Building .....Tampa
Smith, H. Mason, 903 Tampa Theatre Building .....Tampa
Smoak, Edw., Citizens Bank Building .....Tampa
Snow, H. O. .....Pierce
Spengler, N. L., 903 Tampa Theatre Building .....Tampa
Stringer, Sheldon, Gidden Building .....Tampa
Taylor, J. W., Citizens Bank Building .....Tampa
Thorpe, Franklyn, 201 Lafayette Arcade .....Tampa
Torbet, R. F., Stovall Building..Tampa
Truelson, Thomas, Citizens Bank Building .....Tampa
Vaughn, Cecil, Stovall Building, Tampa
Vinson, J. C., Box 571.....Tampa
Weekly, A. S., Lafayette Arcade Building .....Tampa
Williams, Horace, 212 W. Lafayette .....Tampa
Wilson, S. S., 5309 Central Avenue .....Tampa
Winton, M. R., Citrus Exchange Building .....Tampa
Young, C. T. .....Plant City

*Deceased.

INDIVIDUALS.

Anderson, J. M. .....Alton
Oglesby, C. R., Box 154..Tampa Shores
Paul, L. H. .....Bonifay
Strong, S. B., care Hospital, Marcane, Oriente, Cuba

JACKSON COUNTY MEDICAL SOCIETY

Kennedy, R. L., Malone, Secretary and Treasurer
Baltzell, N. A. .....Marianna
Bell, J. L. .....Malone
Box, W. C. .....Graceville
Burns, M. Q. .....Blountstown
Daniel, J. W., Box 17.....Malone
Dowling, J. B. .....Alliance
Finlay, D. H. .....Blountstown
Harper, C. W. .....Wewahitchka
Harrison, C. H. .....Cottondale
Hodges, G. S. .....Marianna
Hudjens, T. H. .....Sneads
McKinnon, D. A. .....Marianna
McLeod, J. E. .....Cypress
McClure, H. A. .....Greenwood
Merriweather, Thos. ....Wewahitchka
O'Hara, A. M. .....Cypress
Price, C. J. .....Alford
Reeder, B. B. .....Clarksville
Ryals, C. H., R. F. D. No. 1, Grand Ridge
Sellars, E. A. .....Altha

LAKE COUNTY MEDICAL SOCIETY.

McKee, W. P., Eustis.....President
Morrison, H. K., Leesburg, Vice-President
Colley, Sanford C., Tavares, Secretary and Treasurer
Brady, Clyde .....Leesburg
Calvin, Wm. J. .....Eustis
DeVane, W. G. .....Groveland
Fenn, H. T. .....Mt. Dora
Hannum, M. M. .....Eustis
Hawkins, A. S. .....Clermont
Hodgson, Samuel .....Clermont
Holland, H. G. .....Leesburg
Lodor, Chas. H. .....Eustis
*Roberts, Charles M. .....Umatilla
Toy, S. H. .....Umatilla
Williams, B. D. .....Mt. Dora
Wilson, J. I. .....Groveland

LEE COUNTY MEDICAL SOCIETY

Hunter, A. P., Langford Building, Ft. Myers .....President
Nowling, J. C., Ft. Myers, Vice-President
Jones, H. Quillion, 9 Leon-Sims Building, Ft. Myers, Secretary and Treasurer
Bostleman, Ernest, Hendry Street .....Ft. Myers
Grace, W. H., Earnhardt Building .....Ft. Myers
Knox, A. W., Box 739 .....Sanford
Longbrake, G. A., 897 Second Street .....Ft. Myers
MacAvelia, M. T. .....Lake Worth
Merrick, Chas. G., Pattio de Leon .....Ft. Myers
Parnell, H. E., Langford Building .....Ft. Myers
Stone, Geo. S., Second and Hendry Streets .....Ft. Myers
Whisnant, B., Earnhardt Building .....Ft. Myers

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON COUNTY MEDICAL SOCIETY.

Brinson, J. B., Jr., Monticello, President
Johnston, J. K., Tallahassee, Vice-President
Moor, F. Clifton, Tallahassee, Secretary and Treasurer
Ausley, C. M. .....Tallahassee
Barnes, B. F. .....Chattahoochee
Beggs, J. M. .....Chattahoochee
Brevard, E. M. .....Tallahassee
Bridges, S. S. .....Chattahoochee
Davis, J. C., Jr. .....Quincy
Dozier, L. L. .....Tallahassee

Foimer, J. Q. ..... Chattahoochee
Gardner, O. W. ..... Greensboro
Glover, J. B. ..... Monticello
Godard, R. F. ..... Quincy
Gwynn, G. H., Sr. ..... Tallahassee
Inman, R. J. C. ..... Chattahoochee
Kendrick, O. G. ..... Tallahassee
Massey, W. W. ..... Quincy
Murrow, J. S. ..... Apalachicola
Palmer, H. E. ..... Tallahassee
Walker, Wm. H. ..... Lamont
Weems, Geo. E. ..... Apalachicola
Wilhoit, S. E. ..... Quincy
Wilkinson, B. A., Telephone Building ..... Tallahassee
Williams, J. F. ..... Monticello
Woodall, F. M., Florida State Hospital ..... Chattahoochee

MANATEE COUNTY MEDICAL SOCIETY.

Byrd, Hiram, Bradenton ..... President
Bryan, C. H., Bradenton, Vice-President
Davis, J. M., Bradenton, Secretary and Treasurer
Blake, L. W. ..... Bradenton
Boling, John R. ..... Bradenton
Brown, J. O. ..... Palmetto
English, A. Q. ..... Palmetto
Fields, C. H., Park Street ... Bradenton
Fleming, C. F. ..... Bradenton
Gates, H. ..... Bradenton
Harrison, M. M. ..... Palmetto
Haygood, J. K. ..... Bradenton
Hollingsworth, S. G. ..... Bradenton
Lancaster, B. M. ..... Manatee
Larrabee, C. W., Central Avenue ..... Bradenton
Leffingwell, J. B. ..... Bradenton
Luke, J. J. ..... Ellenton
McCoy, Thomas ..... Bradenton
McDuffie, T. M. ..... Manatee
Markey, M. R. ..... Ellenton
Mason, J. F. ..... Bradenton
Overstreet, Ed. J. ..... Bradenton
Quillian, A. F. ..... Bradenton
Sporeman, M. P. ..... Manatee

MARION COUNTY MEDICAL SOCIETY

Dozier, H. C., Ocala ..... President
Freeman, Albert H., Ocala, Vice-President
Chalker, J. L., Ocala, Secretary and Treasurer
Baskin, J. G. ..... Dunnellon
Curry, J. F. ..... Dunnellon
Henry, H. W. ..... Ocala
Lane, W. K. ..... Ocala
Lindner, E. G. ..... Ocala
Lisk, Percy F. ..... Ft. McCoy
McClane, F. E., 318 E. Jefferson Avenue ..... Detroit, Mich.
Martin, I. E. ..... Ocklawaha
Peek, E. G. ..... Ocala
Slaughter, T. K. ..... Oxford
Strickland, E. E. ..... Citra
Von Engelken, L. H. ..... Ocala
Watt, H. F. ..... Ocala
Zoll, F. C. ..... McIntosh

MONROE COUNTY MEDICAL SOCIETY.

Galey, Harry C., 1027 Eaton Street, Key West ..... President
Plummer, George, 504 Simonton Street, Key West ..... Secretary
Keating, W. B. ..... Key West
Lowe, Eugene, 618 Dey Street, Key West
Pintado, N. C. ..... Key West
Porter, Joseph Y., Sr. ..... Key West
Porter, J. Y., Jr. ..... Key West
Warren, Wm. R., 511 Eaton Street ..... Key West

ORANGE COUNTY MEDICAL SOCIETY.

Pines, J. A., Orlando ..... President
Rivers, T. M., Kissimmee, Vice-President
Andrews, M. M., Orlando, Secretary and Treasurer
Andrews, L. L. ..... Orlando
Beardall, H. M. ..... Orlando
Brinson, H. ..... Kissimmee
Burke, B. A. ..... Winter Park
Butler, P. T. ..... Orlando
Carroll, C. ..... Apopka
Chappell, J. R., 38 W. Central Avenue ..... Orlando
Chiles, J. H. ..... Orlando
Christ, C. D. ..... Orlando
Coffin, C. E. ..... Winter Park
Collins, C. J. ..... Orlando
Craney, E. T. ..... Orlando
Day, H. A., Clinic Building ... Orlando
Dodds, Wm. ..... St. Cloud
Edwards, G. H. ..... Orlando
English, D. E. ..... Orlando
Folsom, S. A., Box 1137 ..... Orlando
Ford, J. A. ..... Orlando
Gardner, J. F. ..... Winter Park
Geiger, H. S. ..... Kissimmee
Gray, F. D. ..... Orlando
Gwynn, H. W. ..... Orlando
Harms, F. H., 40 N. Orange Street ..... Orlando
Hoffman, C. D., Phillips Building ..... Orlando
Hotard, R. F. ..... Winter Park
Ingram, L. C. ..... Orlando
Johnston, H. ..... Orlando
Kleiser, A. H., 19 S. Orange Street ..... Orlando
Kime, R. R. ..... Orlando
Lawson, B. H. ..... Winter Garden
Lewis, P. M. ..... Orlando
McElroy, S. ..... Orlando
McEwan, J. S. ..... Orlando
McLeod, R. F. ..... Titusville
Mallory, M. ..... Orlando
Marshall, C. J. ..... Sanford
Neal, T. A., Yowell-Drew Building ..... Orlando
Osenbach, W. ..... Orlando
Osincup, G. S., The Amherst .. Orlando
Perkins, H. ..... Holopaw
Persons, W. C., Church Street, Orlando
Redding, J. L. ..... Orlando
Robson, J. N. ..... Sanford
Scott, Sam ..... Ocoee
Sinclair, K. Y. ..... Orlando
Sinclair, W. E., Clinic Building, Orlando
Spiers, W. H., Box 1137 ..... Orlando
Toles, L. W. ..... Orlando

PALM BEACH COUNTY MEDICAL SOCIETY.

Cooley, R. O., Box 1735, West Palm Beach ..... President
Miller, Alice R., West Palm Beach ..... Vice-President
Arnold, W. O., Box 1735, West Palm Beach, .. Secretary and Treasurer
Alison, James F. ..... Delray
Baldwin, R. H., Box 3493, West Palm Beach
Bazemore, Mary Knott, 119 S. Narcissus Street ..... West Palm Beach
Blair, W. M., Room 11, McGinley Building ..... West Palm Beach
Binkley, John Frey, 119 S. Narcissus Street ..... West Palm Beach
Brantley, G. H. ..... Lake Worth
Brown, V. L., Citizens Bank Building ..... West Palm Beach
Buck, W. J., 829 Poinsettia, West Palm Beach
Carlisle, J. L., 6 McGinley Building ..... West Palm Beach
Cason, J. R. ..... Delray
Clay, B. S., 6 McGinley Building ..... West Palm Beach
Davis, K. M. ..... Delray
Dawson, Geo. M., 501 Guaranty Building ..... West Palm Beach
Denison, R. C. ..... Lake Worth
Fields, S. E. ..... Delray
Gardner, W. H., Guaranty Building ..... West Palm Beach
George, W. W., Citizens National Bank Building ..... West Palm Beach
Gerlach, Earl B., 708 Kanuga Drive ..... West Palm Beach
Gerlach, H. P., 326 Lakeview Avenue ..... West Palm Beach
Gill, R. S., Citizens Bank Building ..... West Palm Beach
Gunter, T. D., Guaranty Building ..... West Palm Beach
Hall, John E., 119 South Narcissus Street ..... West Palm Beach
Heath, G. W., Commercial Bank Building ..... West Palm Beach
Henry, G. F., Citizens Bank Building ..... West Palm Beach
Herman, F. P., McGinley Building ..... West Palm Beach
Herpel, F. K. ..... West Palm Beach
Jared, Vernon M., Health Department ... West Palm Beach
Lewis, R. G. ..... West Palm Beach
Merrill, C. M., 425 Australian Avenue ..... West Palm Beach
Netto, Lloyd J., 409 Como Building ..... West Palm Beach
Odeneal, T. H. ..... West Palm Beach
Papot, Grace E., 509 Guaranty Building ..... West Palm Beach
Pearson, Colquitt ..... Kelsey City
Peek, L. A. ..... West Palm Beach
Pittman, J. H. ..... West Palm Beach
Powell, J. A. ..... West Palm Beach
Rodrick, A. F., Box 1087 ... Palm Beach
Rowe, A. L. ..... Lake Worth
Rozier, L. M., Farmers Bank ..... West Palm Beach
Sayad, William Y. ..... West Palm Beach
Schliffli, O. F. ..... West Palm Beach
Shakelford, C. W. ..... West Palm Beach
Shackelford, W. L. ... West Palm Beach
Smart, B. F. ..... Lake Worth
Sory, B. B., Jr. ..... Lake Worth
Stone, V. D., Guaranty Building ..... West Palm Beach
Tatom, F. L. ..... Lake Worth
Van Landingham, W. E., West Palm Beach
Webb, Roy ..... Delray
Weems, N. M. ..... Boynton
Whitman, F. S. ..... West Palm Beach
Williams, W. C., Jr. ..... Delray

PASCO-HERNANDO COUNTY MEDICAL SOCIETY.

Bradshaw, J. T., San Antonio, President
Creekmore, Geo. R., Brooksville, Vice-President
Jackson, T. F., Box 241, Dade City, Secretary and Treasurer
Cannon, Augustus Bartow ... Lacoochee
Coogler, A. C. ..... Brooksville
Dame, Geo. A. ..... Inverness
Hancock, W. S., Jr. ..... Brooksville
Mauer, Geo. R. ..... Zephyrhill
Miller, J. F. ..... Inverness
Sistrunk, R. D. ..... Dade City
West, C. Mulkey ..... Dade City

PINELLAS COUNTY MEDICAL SOCIETY.

Griffin, T. R., Power & Light Building, St. Petersburg ..... President
Wylie, L. A., Faith Hospital, St. Petersburg .... Vice-President
Feaster, O. O., Power & Light Building, St. Petersburg ..... Secretary
Lustig, Emil, 500 Seventh Avenue, N., St. Petersburg ..... Treasurer
Aber, A. H., 954 Third Street, N., St. Petersburg
Albaugh, A. P. ..... Tarpon Springs
Bieker, S. B., 806 Power & Light Building ..... St. Petersburg
Black, M. E. ..... Clearwater
Bucknell, Howard, 809 Power & Light Building ..... St. Petersburg
Burnett, E. W. ..... Tarpon Springs
Cooke, H. H., J. Bruce Smith Building ..... St. Petersburg
Cooper, J. H., 10 Alhambra Arcade ..... St. Petersburg
Crane, E. M. ..... St. Petersburg
Cranford, J. F., 736 Central Avenue ..... St. Petersburg
Davies, Ray, 413 Central National Bank Building .... St. Petersburg
Davis, W. M., 342 First Avenue, N., St. Petersburg
Dawson, S. A., 639 N. Ninth Street, St. Petersburg
Dickerson, L. B. ..... Clearwater
Drieling, A. W. ..... Pass-a-Grille
Echard, T. B., 801 First National Bank Building .... St. Petersburg
Fisk, H. B., Seventh Avenue and 9th Street ..... St. Petersburg
Funk, N. E., First National Bank Building ..... St. Petersburg
Gable, G. M. ..... St. Petersburg
Gable, N. W., 410 J. Bruce Smith Building ..... St. Petersburg
Green, T. H., 503 J. Bruce Smith Building ..... St. Petersburg
Groves, W. H. ..... Clearwater
Harden, H. W., Smith Building, St. Petersburg
Hardenbergh, J. A., 845 Cherokee Avenue ..... St. Petersburg
Harris, Charlton C. ..... Clearwater
Hassler, J. W., 333 N. Third Street, St. Petersburg
Heibner, E. A., 924 24th Avenue, North ..... St. Petersburg
Herring, J. A., First National Bank Building ..... St. Petersburg
Hooper, C. A., 419 Second Avenue, N. ..... St. Petersburg
Hudson, A. T., 212 First National Bank Building .... St. Petersburg
Jennings, F. S., 149 N. Second Street ..... St. Petersburg
Kaufman, F. E. ..... Clearwater
°Kingsbury, G. C. ..... Largo
Knowlton, R. H., Power & Light Building ..... St. Petersburg
°Knox, O. M. ..... St. Petersburg

°Deceased.

Kumm, F. F., 7th Avenue and 11th Street, N. .....St. Petersburg
Lambdin, L. .....St. Petersburg
Lochner, G. M., 348 Sixth Street, South .....St. Petersburg
McAllister, A. .....Tarpon Springs
McClane, J. W., 853 Merrill Avenue .....St. Petersburg
McConnell, W. C., Florida Theatre Building .....St. Petersburg
MacCordy, Earl C., 1405 Euclid Boulevard .....St. Petersburg
MacGregor, G. G., Box 4088, St. Petersburg
McMullen, D. B. .....Clearwater
Marr, N. M., Power & Light Building .....St. Petersburg
Mease, J. A. .....Dunedin
Melville, E. J., 335 Third Avenue, W. .....St. Petersburg
Mighell, N. E. .....Clearwater
Miller, G. E., 411 Third Avenue, N. .....St. Petersburg
Mills, A. L., 303 First National Bank Building ....St. Petersburg
Moeller, M. W. .....St. Petersburg
Murphy, R. D., Power & Light Building .....St. Petersburg
Nettles, Robbins .....Clearwater
Nickle, M. A. .....Clearwater
O'Brien, R. K., 1090 Ninth Street, S. .....St. Petersburg
Osgood, G. E., Big Bayou, St. Petersburg
Peabody, J. D., 310 Fifth Avenue, N. .....St. Petersburg
Post, W. G., Power & Light Building .....St. Petersburg
Prather, B. T., First National Bank Building .....St. Petersburg
Putnam, H. L., 201 Arlington Terrace .....St. Petersburg
Quicksall, W. E., 222 Taylor Arcade .....St. Petersburg
Raborn, J. D., 305 Sumner Building .....St. Petersburg
Remington, A. C. .....St. Petersburg
Roope, A. P., 815 Power & Light Building .....St. Petersburg
Rudolph, C. C., Smith Building, St. Petersburg
Ruff, J. E. .....Clearwater
Sackett, H. R., 1027 Fifteenth Avenue, N. .....St. Petersburg
Simcox, Lawrence, 428 Third Avenue, S. .....St. Petersburg
Solomon, H. D., Power & Light Building .....St. Petersburg
Strickland, J. A., Power & Light Building .....St. Petersburg
Stuart, M. H., 814 First National Bank Building ....St. Petersburg
Thomson, H. I., 6 Poinsettia Arcade .....St. Petersburg
Timberlake, Gideon, Times Building .....St. Petersburg
Townsend, S. H., Power & Light Building .....St. Petersburg
Wade, H. W., 20 Fifth Street, St. Petersburg
Welch, H. C., St. Petersburg Hall Building .....St. Petersburg
White, B. L., 216 First National Bank Building ....St. Petersburg
Whitford, Grace .....Ozona
Williams, C. A., Power & Light Building .....St. Petersburg
Winchester, H. E. .....Dunedin
Wood, A. J., First National Bank Building .....St. Petersburg

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Biddle, B. D. .....Brewster
Carefoot, G. H. .....Ft. Meade
Causey, T. W., 307 Marble Arcade .....Lakeland
Clark, S. A., 209 E. Main Street .....Lakeland
Clyatt, O. S., 908 South Florida Avenue .....Lakeland
Cordes, H. B. .....Frostproof
Deal, C. C. .....Auburndale
Dickinson, W. P. .....Lakeland
Freeman, G. C. .....Lakeland
Griffin, J. D. .....Lakeland
Hand, F. M. .....Winter Haven
Hargrove, J. L., 710 N. Florida Avenue .....Lakeland
Hilliard, C. W. .....Winter Haven
Hughes, R. L. .....Bartow
Justice, R. L. .....Haines City
Leffers, Richard .....Lakeland
Lester, J. G. .....Lakeland
Lindsey, S. A. .....Fort Meade
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Love, C. W. .....Lakeland
Martin, E. E. .....Haines City
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Murphy, H. K. .....Mulberry
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Oglesby, J. M. .....Bartow
Overstreet, G. C., Spencer-Futch Building .....Lakeland
Patterson, J. C., Box 2212 ....Sarasota
Pearce, C. C. .....Mulberry
Pennington, J. L. .....Lake Wales
Pillow, Robert, Jr. .....Brewster
Richards, H. M. .....Lakeland
Roberts, T. H., 710 N. Florida Avenue .....Lakeland
Shafer, W. W. .....Haines City
Shellhouse, L. H. .....Ocoee
Sherman, W. E. .....Winter Haven
Simmons, T. G. .....Auburndale
Simonson, L. M. .....Winter Haven
Simpson, W. T. .....Winter Haven
Smith, S. F., 603 Marble Arcade .....Lakeland
Sullivan, R. R. .....Lakeland
Stetson, A. G. C., 941 S. Success Avenue .....Lakeland
Tillis, W. L., 215 Marble Arcade Building ..... Lakeland
Tomlinson, J. P. .....Lake Wales
Touchton, W. E. .....Avon Park
Vassar, T. D. .....Lakeland
Weed, Walter A. .....Lakeland
Wilhoyt, R. E. .....Lake Wales
Wilson, C. H. .....Bartow
Wilson, J. F. .....Lakeland

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Halton, Jos., Pineapple Avenue .....Sarasota
Harris, J. E., Bank of Sarasota Building .....Sarasota
Johnston, W. J., Downey Building .....Sarasota
Morton, O. A., Bank of Sarasota Building .....Sarasota
Myers, N. P. .....Palmetto
Nash, H. C., Downey Building .....Sarasota
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Potter, G. W., 83 King Street, St. Augustine
Rosborough, O. Y. .....Palatka
Stanton, J. J. .....Hastings
Stevens, E. L., 45 Orange Street .....St. Augustine
Underwood, A. W., 48 Water Street .....St. Augustine
Webb, Walter D. .....St. Augustine
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Hardee, E. B. .....Vero Beach
Lingo, M. J. .....Okeechobee
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Bohannon, C. C. .....Daytona Beach
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Carter, E. A. .....DeLand
Carter, L. A. .....Bunnell
Chandler, J. R., Box 1365, Daytona Beach
Chowning, W. C. .....New Smyrna
Davis, C. W., 231 Coates Street, Daytona Beach
Davis, Geo. A. .....DeLand
Davis, J. B. .....Daytona Beach
DuBois, Henry K. .....Port Orange
Dilliard, T. H. .....DeLand
Esche, J. P., 315 S. Peninsular Drive .....Daytona Beach
Farmer, M. H. .....Daytona Beach
Farnell, W. W. .....New Smyrna
Ford, E. W. .....Crescent City
Forster, Davis .....New Smyrna
Genge, V. P., 106 N. Ridgewood Avenue .....Daytona Beach
Heck, Maurice, 209 Dreka Building .....DeLand
Howe, Raymond .....Daytona Beach
Howe, Roy .....Daytona Beach
Johnson, J. L. .....New Smyrna
Merryday, H. L. .....Daytona Beach
Munson, A. S. .....DeLand
Myres, M. J., 120 Volusia Avenue .....Daytona Beach
Pay, W. C. .....DeLand
Rawlings, J. E. .....Daytona Beach
Stephens, J. W. .....DeLand
Smith, Dean T. .....Daytona Beach
Taylor, J. E. .....DeLand
Taylor, W. H. .....Daytona Beach
Walters, F. J. .....LaMesa, Cal.
Warren, E. W. .....Palatka
Weiss, Edmond W. .....DeLand
West, Hugh .....DeLand
White, J. Blake .....Ormond Beach
Wilder, C. D. .....Daytona Beach
Williams, W. J. .....Seville

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Spires, G. W. .....Darlington
Williams, A. G. .....Lakewood